	1	FOR		DEPARTMENT	STATE OF A	AARYLAND I AND MENTAL I	VCIENE			
75580 DEC	21	STATE REGISTRAR	ME	DICAL EXA		ERTIFICATE	1000	5 NO 5 B	3	
		CEASED NAME	EDWIG.	EMILIE	Λ	ADAMS	29 DATE KNO	HINOM W NWC	DAY YEAR	OS'S
REASE RECTOR. R FILES. HOURS	3 SE.	X I4. RACE	S DATE OF BIRTH	Milie	(IN YEARS IF UN	rouns	OF ES DEATH MA	ATED 12	11 19 87 DAY YEAR	A M
50.55	J JL	FU	MONTH DAY		BIRTHDAY) MONT		MIN PRONOUNCED DEAD			OF JP
12.30	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF W		18	ED NEVER MARR	IED 9 BALTIMORE	CITY OR COUNTY	OF DEATH	1 7 M
032 A	-	est German	J	Old Land Land	WIDOV			arles (	Lound	1 MD
A STANDARD COMMENTS	L	a Mata	Physic:		norial		FOR MOST OF WORKING	LIFE)	OR INDUSTR	A PINE22
AND SCOULD	13a S	MO. 136	harles	13 CITY ORTO	WN C	YES NO		ad cast	Per C	t.
THE REST	0	George	WIDDLE	Meve:	n	Wilhelmi	ne Boerder_		LAST	
N N O S N O	16a \	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SE		17. INFORMANT	42 <del>I</del>	adgaster		t
S A HT F		no			5-7312	Wm. D. A	Adams, Wald	lorf, Md.	2060	1
ST., DV		PARTIDEATH WAS		far (a), (b), and (c	1)	and An	ret.		APPROXIMATE I	AND DEATH
PRESTON ST THIN 24 HOU CIL IN ITEM 1 ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		IM	MEDIATE CAUSE (a)	AS A CONSEQUE	NCE OF	00 1	637			
W. PRESI WITHIN AINER A AINER A TRANSIT VIAL HY	100	Conditions, if any, gave rise to imm	nediate (b)	anctes	Mel	litus				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CHIEF MEDICAL EXAMINER ALONG BE SHOULD BE USED AS A BURIAL - TRANSIT PERMI TO EPENARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT COI	(c) NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL DISEAS	OR CONDITION GIVEN IN PA	RT 1 ia			
RECOIL TO BE E PENDIN MEDICA O AS A MEALTH MEALTH CREAT	NO.			,						
SHOULD ORD "P	CERTIFICATION	190 DATE OF OPERATIO	IPB. CONDI	TION FOR WHICH	OPERATION W	AS PERFORMED?			20 AUTOPSY?	
CATE SET THE WORLD THE COUNTY OF THE COUNTY	CERT	210 EXTERNAL CAUSE V		FINJURY	VEAD 21c H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY II	NITEM IS PART ) OR PART :	YES 🗆	NO
NO GITH COLL TO THE COLL THE C	MEDICAL	UNDERLYING OR CONTRIBUTING CAU	ISE OF DEATH P.N		9					
DIVISION THIS CERT WARDED PAGE 3 SITATE DEPOSED 21201 PR	MED	21d INJÜRY OCCURRED WHILE NOT WH AT WORK AT WORK	ILE STREET, FAC	OF INJURY (AT HO TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNT	ĬΥ	STATE
DIN CATE, WRIT FORM PAGE THE STATE AND, 21201		22a I certify that I taa	k charge of the remains de	cribed above, held	an Autap	sy . Inspectio	n N Inquiry	ond in my opini	ian	1 5
WMINN TIFIC BE F BE F SYLAT		death resulted fram:	Natural causes .	Accident .	Suicide	, Hamicide .	Undetermined manner	, .		
L EX.		ACTUM SIGNATURE	me 7 1/2	1		ASSIS CU	J	DATE	12/11/	87
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STI BAIT MORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	AVION. G	ingrich		\$19	Woodhaven	Or. LaPle	eta, m	n
DAR DE LA	23a B	URIAL, CREMATION, REMO	OVAL 236 DATE	23c NAME C	F CEMETERY O	R CREMATORY	23d. LOCATION	COUNTY	STA	15
07 '84 BP		Burial	12-16-87			ns Cem.	Cheltenha	am Pr. G	eo. Mo	
DHMH - 17 (VR A15 ME (5))	24 1	uneral director Humtt Fune	ral HOmendores	waldorf	, Md.	20601 NFC		8 1987 Su	his Devida	13
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(VRA 15, 4)

- 166-07 1 178 DECOUND THE PROPERTY

DHMH - 16 60M 7/84 (VRA 15, 4)

THORNTON FUNERAL HOME

24. FUNERAL DIRECTOR

POMONKEY, M

DEC - 4 1987 1 Linear Roads

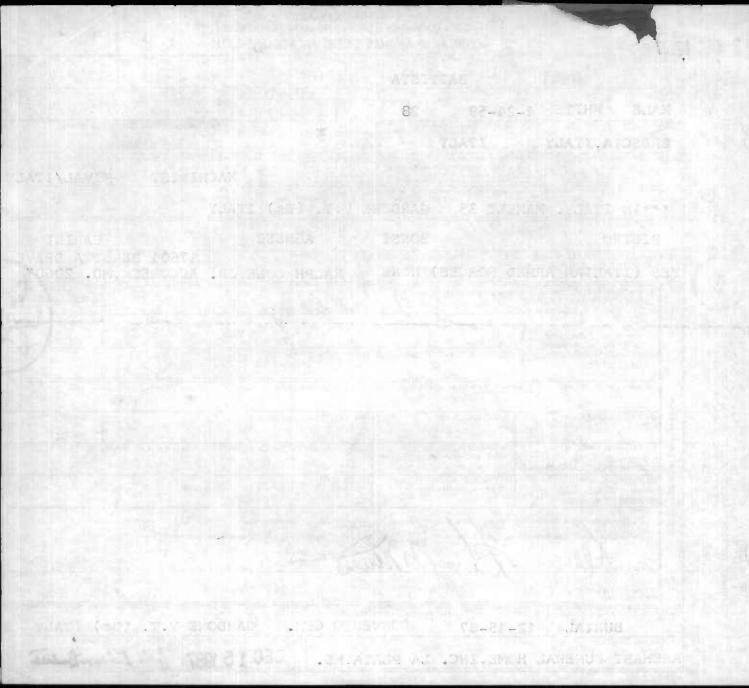
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	d	PIFASE	R FILES. HOUR:	- 1	3 SEX	I4 RAG		DATE OF BIRTH	ATTISTA		DNSI.	III IDED O LUDG		MATED [	12/	7/19		M
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		AY IS N	PAGE 5	0		Y OR TOWN OF DE	ATH I	(IF NOT IN SUCH FACIL	TAL, NURSING HOM	E, OR OTH	ER INSTITUTIO	N 12e USI		ATION (TYPE	OF WORK	ZE KIND C	USTRY	
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	BALTIMORE	AFTER		8	YE.	AS DECEASED EVER	I LIE YES GIVE WAI	R OR DATES)	ES) NONE		RALPH	COLE,		7604s			DRI 2060	
		. =		1		18 CAUSE OF DEA PART I DEATH V	TH (Enter only o	ine couse per line fo	r (a), (b), and (c). §		1 .	0000,0	7	CCORL	1011 9 111	APPROX	IMATE INTE	RVAL
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	W. PRESTON ST	2	4 2 1 X			Canditions, if	any, which	DUE TO, OR A	A CONSEQUENCE			7						
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	2017	ITED				lying cause last		(-)	A CONSEQUENCE	Or						113		
L	RECORDS.	EXEC	MEDICAL EXA AS A BURIAL ALTH AND MICREMATION		7	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION GIV	VEN IN PART I (e)						
-	REC	D BE	FEMENTH HEALTH	5	CERTIFICATION	19a. DATE OF OPER	ATION	119h CONDITIO	N FOR WHICH OPE	RATION W	AS PERFORME	D3				20 AUTO	DC V2	
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	0	LIFIC	ART OF		CAL	UNDERLYING UCONTRIBUTING	CAUSE OF DEA	ATH P.M.	19									
	N S	GF.	REDED REDED GE 3 SI TE DEP		MEDICAL	WHILE - NOT	RRED	21e PLACE OF STREET, FACTOR			CATION		CITY OR TOW	/N	COUN	TY		STATE
		THIS	PAG TAT	1		WHILE NOT	VORK											
		NEB	E CERTIFICATE JULD BE FOR L DIRECTOR: 4, WITH THE S MARYLAND			/		VVI	bed above, held an	Autop		spection .	Inquiry		in my opin	ion		
		NA S	D BE VITH			death resulted from	n: Natural o	couser	ccident $\bigcup$ , S	hicias	Hamicide TITLE (SPEC		ermined ma	nner .				
		A E	AL DIR			ACTUAL SIGNATURE	ellen	Wh	en/n/	Wism		tant MED	ICAI FXAM	INFR	DATE SIGNED	12/	/8/87	7
		EDIC	NE TI	17	1	EXAMINER'S NAME	Don	nio E Co	ALL BED								003	
	^,	OM	EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M			(TYPE OR PRINT)			yth, M.D.		ADDRESS	111 Pen		, Balt	O., M	a. 2.	1201	
0	149	14	20/11		(SP	RIAL, CREMATION, P ECIFY) BURI		DATE 2-15-87	23c. NAME OF CE		O CEM.	CITY	RDONE	V.T.	(Bs	) T7	STATE	
/	25M	-/1	DHMH - 17			NERAL DIRECTOR	A 15 10 10			-	75e.	DATE REC'D. BY				-		
		(V	/R A15 ME (5)	))	ARI	EHART FU	NERAL	HOME, IN	C. LA PL	ATA.	MD.	DEC 1!	5 1987	Gale	. Sind	len D	NAT.	

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	1	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO	5 5 0 /
76773 DEC	31 6	PECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
101 005	-(1	Doroth	v Rose	Bowling	12	25 87 12:45 <sup>A</sup>
nay b page page	3. 9		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor,		Female	White	10 14 1907	80	YRS MONTHS DATS HOURS MIN.
Page 4 director	1/0 70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR CO	
ath.	41	Vash., D.C.	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Charles C	ounty "
for de		CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
afte of the	DOV.	Charlotte Hal	1 Route 868	ET ADDRESS)	Home Maker	
120 130 130			OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	Home Maker	At nome
BALTIMORE, MARYLAND 21201 con the excited within 24 hours of yestion and completes filled in by open. Foge. Tariof 2 should be file wo.	13d N	Maryland Cha.	INTY 13c. CITY OR TO	tte Haled NO X		Sox 228/20622
RYL ST	100	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	IAST
MA 58	10 W		Raymond Haz	ell Mary	Emma	Freer
a,	S , 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
MO B	1/1	NO NO	213-74	-4463 Walter W.	Bowling, Jr	., Chardotte Hal
ALT ALT	2/	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), o	and (ct.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ifica phys	rent,		only one cause per line for (a), (b), oseD BY:	raf Thrombosis.	41 EUNY EUN	7 DAYS
Z ST	o to	IMMEDIA			A	
of de	30		DUE TO, OR AS A CONSEQ	vence of lerotic cara	1. 11/2 acular	li
de de otto	5	Conditions, if any, which gave rise to immediate	(b) (1 V K )7	pocuro que cono	ne vas cegar	aus
W. PRESTON of the death of the attendin se remave carb cremation, or	- e	cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
that that i by sose al, c	0	underlying cause last.	(10)			
mS, 201 rejures the regimed b Then pleo to burial,	o , Kuniny, o		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
has been prior and prior	8 showing injur	19a DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
The sit of	£ / 1	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
SICIAN: ng phys certifica	-// /	ON COMPANIAN TO CAMER OF D	EATH HOUR A.M. MONTH	DAY YEAR		
PHYSICIA anding ph this certifi d Mental	d or hem	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19 211. LOCATION		
PHY rendii this he bu	P GW	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
DIV ING Street	marked	AT WORK		0	9) > 10	0 %
NS S S S S S S S S S S S S S S S S S S	E S		pital) attended the deceased from		to Dec 25	, 19_5, that (1) (we) last
spirte CTO for	21	above (i) year did (did)	with view the body after death.		death accurred on the date of	and hour and from the causes stated
No ho ho hed	t e	224 SKINA WRE	A I	DEGREE		22c. DATE SIGNED
TAL O y the RAL DI defoci tote De	*	Mayore	un her, on	ATTENDING . PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	D 12-27-87
SPITAL d by th NERAL be deto	Z	27 PHYSICIAN'S MAME THE	OR PROJ	22e ADDRESS		
O HOSPITAL OR ATTEN etomed by the hospital TO FUNERAL DIRECTOR: should be detached for us	OR I			Mochanica	urillo Manu	land 20659
TO He should with the	IMPORTANT:		her, M. D.	NAME OF CEMETERY OR CREMATORY	ville, Mary	Tanu 20039
	230	BURIAL, CREMATION, REMOVA			CITY OR TOWN	le, Charles, Md.
BP	-	Burial	12-28-87 (	inited Methodist	Dentsv11.	le, charles, Md.
DHMH - 16 50M 1		FUNERAL DIRECTOR	ADDRESS	25a DA	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)	Α	rehart Funera	1 Home, Inc.,	La Plata, Md.OF	2 9 1087	Throndon

STATE OF MARYLAND

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12:49a

01								CG, NO.				TJU
1. DECEASED NAME	FIRST		LEE		AST MENC		20. DATE OF DE 12	21	1987 YEAR 26 HO			
	JANI	CE	LEE	CLE	MENS		12	21	T	101	一种非	PHIP
3 SEX		4. RACE		5. DATE C			6. AGE (IN YEAR	LAST BIRTHDA		FUNDER I YEAR	IF UNDER	24 HRS
FEMALE		WH:	ITE			1914	73		YRS.	DATS	HOURS	MIN.
70. BIRTHPLACE (STATE COUNTRY) PENN			S.A.	MARRIEI WIDOWE		R MARRIED DIVORCED	9. BALTIMORE CH	CITY OR CO	OF DEATH	OF DEATH		
IO. CITY OR TOWN OF LA PLATA		PHYS	HOSPITAL, NURSIN	TEMOR	IAL 1	ISTITUTION HOSPITA	120 USUAL OCE LTYPE OF WORK FO SCHOO	R MOST OF WO	ACHI	126 KIND ( INDUSTRY ER PUI	OF BUSINE BLIC	SS OR
USUAL RESIDENCE (#130. STATE MD	1136 COU		134. CITY OR TOW PORT TO	N	Ores 🗆	CITY LIMITS?	13e. STREET ADD			2067	7	
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA		IDDLE		LA	<b>C1</b>	
DANIEL	R.	ANDALL	NICHO	LS		ANN	LE			KYI		
160 WAS DECEASED E			166. SOCIAL SECU	RITY NO.	17. INFOR	MANT		ADDRESS				
NO NO OR UNKNOWN	(IF YES, GI	VE WAR OR DATES)	722-16-	0571	RANI	DALL F.	CLEME	NS	SAN	ME AS	#13	
Conditions, if gove rise to couse (o), s' underlying co	ony, which immediate toting the ouse lost.	DUE TO, C	B AS A CONSEQUE	O N.C.	13 ST/		LUNG			8	CONSET AND	VAL
W	UMO	NIA									2/1	
19a DATE OF OPI	EKATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPS		CERTIF	, WERE FIND YING CAUSE		H?
210. ACCIDENT WAS	SUNDERLYING	21b. TIME C	F INJURY	VE AB	21E. HOW	INJURY OCCUR	RED (ENTERNATUR	OF INJURY IN	ITEM 18. P	ART T OR PART 2)		

21b. TIME OF INJURY HOUR A.M. MONTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DAY YEAR

NOX 21E HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

211. LOCATION CITY OF TOWN COUNTY

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed plive on that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

(TYPE OR PRINT)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

SANCHEZ E, M.D. LERMO

LA PLATA, MD,

(SPECIFY BURIAL

MEDICAL

FOR

STATE

REGISTRAR

236. DATE 230 BURIAL, CREMATION, REMOVAL 12-23-87

P.M

21e PLACE OF INJURY

23E NAME OF CEMETERY OR CREMATORY TRINITY MEMORIAL

23d LOCATION GARDENS WALDORF C CHARLES MD.

24 FUNERAL DIRECTOR

FUNERAL HOME, INC. LA PLATA, MD.

DEU 23 23

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

A CONTRACT OF THE RESIDENCE OF THE PARTY OF THE PROPERTY O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECLASED NAME 20. DATE KNOWN 198 (TYPE OR PRINT) OF ESTI-70:25 PM 4. RACE 2d HOUR IF UNDER 24 HRS DATE 39 YRS. MONTH 20:25 DAY PRONOUNCED 02 DEAD To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
MARYLAND MARRIED NEVER MARRIED X CHARLES DIVORCED WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY MEMORIAL HOSPITAL DISABLE 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS 20658 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST EUGENE COBEY ALEAN GILES 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 1 INFORMANT ADDRESS BOX 42K Nanjemoy, Md. NO AGATHA CARROLL 18. CAUSE OF DEATH (Enter only one cause per line for APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER PAFTH, WITH THE STATE DEPARTMENT OF HEALTH AND MENT HEBALTIMORE, MARYCAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY AT WORK AT WHILE FACTORY, FARM, ETC.) 220 I certify that I took charge of the remains described above, held an death resulted from Undetermined manner Natural causes SIGNATURE 19 Wood haven Dr. La Plata, mp EXAMINER'S NAME TYPE OR PRINT 23e BURIAL, CREMATION, REMOVAL 23b 23d LOCATION BURIAL 12-2-87 OAK GROVE BAPTIST GRAYTON CHARLES BP 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** THORNTON FUNERAL. HOME POMONKEY, MD (VR A15 ME (5)) 20M 4/B2

127-131-17-1 ME I SE SE SE SE X PILLEY BOOK SENS SENS SENS TO SEE AND THE WALL SEE SEE SHOULD BE TO wed in a training of the street of the land to care THE REPORT OF THE PROPERTY OF STREET, AND SHOOK AND A STEEL COME AND SERVICE STORES AND THE STORES

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMMUNION GIVEN IN PART 1 o 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART ?) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNID 23c. NAME OF CEMETERY OR CREMATORY Baden Md. St. Paul's Cem. Pr. Geo. . 11-30-87 750 DATE REC D. BY REGISTRAR 756 REGISTRAR Hunt't Funeral Home Waldorf. Md. 2060L

26 HOUR

US Dept Navv

INDUSTRY

DHMH - 16 60M 7/B4 (VRA 15, 4)

7. Las Manuell est Charles Sale Prophet Carlow Wallers A. C. College (40 M Se 4 37952 1 Fig. 1 hard that The state of the s Mr. In Discuss British A Sant Carpania (A)

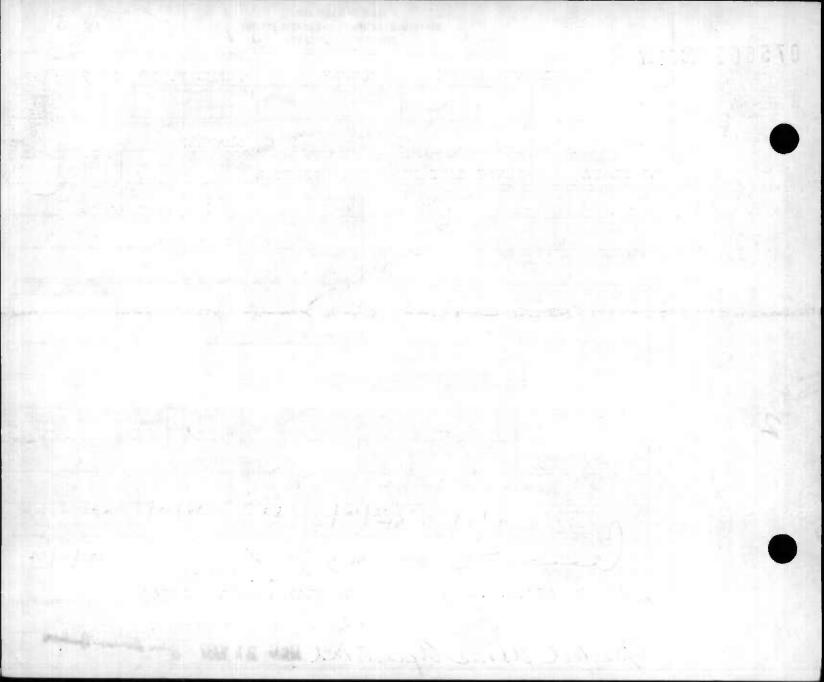
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		STATE OF MARYLAND		
FOR 1 - STATE	DEPAR	RTMENT OF HEALTH AND MENTAL I	HYGIENE 7	5 5 9 3
REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH M	
(TYPE OR PRINT) HARRIET	TTE ANNE	DORSEY	DECEMBER,	
	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black	02 25 10	77	YRS
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED	CHARLES	MD.
LA PLATA	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION EET ADDRESS) MEMORIAL HOSPIT	TYPE OF WORK FOR MOST OF	
USUAL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		20646
136 STATE 136. COUN	rles La Pla	OWN 134 INSIDE CITY LIMITS		emoy Drive
4. FATHER'S NAME		15. MOTHER'S MAIDEN	INAME	
FIRST	Johnson LAST	FIRST Ha	ariett Hawki	n s
60 WAS DECEASED EVER IN U.S. ARA			ADDRES	
	220 16		Gant SAA	
	nly one cause per line for (a), (b), a		anc s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	QUENCE OF O DEATH BUT NOT RELATED TO THE T	FERMINAL DISEASE OR CONE	DITION GIVEN IN PART I IO
Ž	The south of the William	THE RESERVE AND THE PROPERTY OF THE PARTY OF	Ton AUTODSV2	206. IF YES, WERE FINDINGS USED
190 DATE OF OPERATION	196. CONDITION FOR WITH	CH OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
	The state of the s	To How MILLIAN OF	YES NO	YES NO
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCUSE OF DEA  (IF ETIMER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED	HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY	Y IN ITEM IS PART I OR PART 2
21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK	218 PLACE OF INJURY LAT HOME, STREET FACTORY, OFFICE	211. LOCATION STREET	CITY OF TOW	WN COUNTY STATE
220.1 certify that (I) (this hospit	ital) ottended the deceosed from	DEGREE		ste and hour and from the couses stated  22c. DATE SIGNED
1000	50 E	> W. ) ATTENDING	MEDICAL STAFF	
22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		,0, BOX 190	
KHADAR BAIG	, M.D.		MARYLAND 20	646
230 BURIAL, CREMATION, REMOVAL	23b. DATE 23	C. NAME OF CEMETERY OR CREMATO	ORY 236 LOCATION	
(SPECIFY) Burial	12/15/87	St Mary's Ch Ce	em Bryantow	n. Charles. MD
24 FUNERA DIRECTOR	60 16		DATE REC'D. BY REGISTRAR 2	

DHMH - 16 50M 1/81 (VRA 15, 4)

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## STATE OF MARYLAND

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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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						EASED NAME	FIRST		MIDDLE	ı	ASI		20. DATE OF DEATH	MONTH	DAY YEAR	26 HO	UR D
		ě	oge 3 deoth		(TYPE	OR PRINT)	RAL	PH AN	THONY	E	DWARD	e e	DECEMBE	0.2	1987	R.	5.2174
		YOF	900		3. SE)			4. RACE		S. DATE C	F BIRTH		6. AGE (IN YEARS LAST B		# UNDER 1 YEAR	IF UNUI	ER 24 HRS
		7	0.0	/		Male		White		MONTH 03	06	17	70	YRS	MONTHS DAYS	HOURS	MIN.
1	-	2 /	434	7 0		RTHPLACE (STATE OR F	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	L			9. BALTIMORE CITY		OF DEATH		
	•	110	12 C	E ~	V	rginia		U. S.	Α.	WIDOWE	D NEVER	MARKIED XX	CHARLES				MD.
		2	3.5	Se A	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSI	NG HOME C		- Control	120 USUAL OCCUPA		12b, KIND C	F BUSIN	VESS OR
-	/	194	# 1 /	1 X	I	NDIAN HEA	D		AIR RD		T. 20	2	Ins. Age			s.C	05.
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7.5		ŧ.	127	1	14. FA	THER'S NAME		MIDDLE	LAST			S MAIDEN NAM			14	17	
MA		P	13)	KO		Claudiu	s E	Bernard	Edwar	ds	Ma	abel	Model		Har	ris	
9		le .	0.0	0 /		AS DECEASED EVER		RMED FORCES?	166. SOCIAL SECT	JRITY NO.	17. INFORMA	ANT	ADDI	RESS P.	Box	458	
W		9 %	Pog	med /		Yes	W.	W.II	048-09-	1346	Mabel	L E. F	echteler,	Share	on .CT.	060	69
201 W. PRESTON ST. BALTIMOR		ote l	hysicjo popers lovol.	t, the		18. CAUSE OF DEATH	1 (Enter a	nly ane cause per	line for (o), (b), or	nd (c).1					BETWEEN	MATE INT	ERVAL ND DEATH
15		rtrfic	on po	event,		PART I. DEATH W		TE CAUSE (a)	CARDIA	C 1	HRRES	557					
Z		- P	or or	ofic				DUE TO, O	R AS A CONSEQU	ENCE OF		. ^	HECINOR	Α.			
EST		deoth	otter ove otion,	froum		Conditions, if any,		(d)	1E PATO	CEL	CULE	RCI	HECINON	114			
4		the state of	the remo	other t		couse (o), stotin	g the	DUE TO, O	R AS A CONSEQU	ENCE OF							
2		tho	d by leose	to ro		underlying couse		(c)									
RDS 2		requires	Then p	injury,	NO	PART 2 OTHER SIGN	IIFICANT	CONDITIONS <u>Co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	O TO THE TERM	IN AL DISEASE OR CO				
P.F.C.		o low	permit.	S on	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES SS []	NGS US OF DEA	ATH?
TA	Ċ	: The	cote h	ğ	E	21g. ACCIDENT WAS UND	ERLYING [	21b. TIME O	OF INJURY		21c. HOW IN	NJURY OCCURE	RED (ENTER NATURE OF IN			140	
> 7		CIAN g bhys		E -		OR CONTRIBUTING											
N		ly SIC	buriol-t Mentol	or hem	MEDICAL	214 INJURY OCCUR			M. OF INJURY	19	211 LOCATI				COUNTY		
DIVISION OF VITAL RECORDS		NG Pr	os the thond	orked	ME	WHILE NOT WH	sk		REET, FACTORY, OFFICE	FARM, ETC )	STREE	F-200	CITY OR	IOWN	COUNTY		STATE
		QN -	USe Heol	ē.		220.1 certify that (I)			ne deceosed from		Ast Alman	, 19	, to	1. 11			(we) last
		ATTE	d for	m 21			lid) (did n	ot) view the bady	ofter death.			) (aur) apinian (	death accurred an the	dote and hou			
		o e	Dire	if he		226. SIGNATURE		1 40	m		DEGREE	ATTENDING _	MEDICAL ST	AFF _	22c. DATE	SIGNE	()
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		O HOS	Show	N N	_								MARYLAND	20601			
		-				URIAL, CREMATION,					EMETERY OR		23d LOCATION		COUNTY		STATE
		BP.		_		Buria	T	12-05	-0/ 5	L. J	oseph!	S	Morganz	a, St	. Mar	y's	. Md

DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR

Arehart Funeral Home, Inc., La Plata, Md.

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ARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE S	7	REG. 1	vo.	S	5	9	1	1 1
LAST	20. D	ATE OF	DEATH	MONTH	OAY	YEAR		26 H	Ċ
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1 5	- STATE			U	EFARIM		CATE OF D	EATH	8 7	REG. NO.	5	5 9	5
	ECEASED NAME	FIRST		MIDDLE		L	AST		20. DATE OF				26 HOUR
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3. SI	Male	4	Blace	K		S. DATE O		YEAR 7 2	AGE (INVE	ARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a. E	BIRTHPLACE (STATEO	R FOREIGN 7	CITIZEN OF	WHAT CO	UNTRY?	1	-		1. BALTIMOR	E CITY OR C		FDEATH	
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10.0	CITY OR TOWN OF D					HOME O	R OTHER INST		12a USUAL O	CCUPATION			OF BUSINESS OR
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14. F	FATHER'S NAME		DOIE		LAST		15. MOTHER'S	MAIDENNA	ME	MIDDLE			STA
	(Jearo		+	avme	0,0		M	ary	Fr	ance:	S	But	ler
16a.	WAS DECEASED VE	R IN U.S. ARM	ED FORCES?	166 SOCI	AL SECUE	RITY NO.	17. INFORMA	NT		ADDRESS			
1	in Knewn	1 W 123, GIVE	WAR OR DATES	217-	18-0	1968	Doro	thy t	armer		SA	A	
	II. CAUSE OF DEA	ATH (Enter only	one couse per	line for to	), (b), ond	(c).1					· ·	BETWEEN	ONSET AND DEATH
1	PART I. DEATH	WAS CAUSED IMMEDIATE	BY:	C		cing	ulmo	more	40	us	7	6	men
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	Conditions, if on	v. which	1 300	2000	Tell Contract	- E-E	hea	at 1	lack	ue		9.	month
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CERTIFICATION	nos	-		لحر	1 1	1			YES 🗆	NOTA- IN	YES	NG CAUSES	ANO [
4 8	21a. ACCIDENT WAS U	INDERLYING [	21b. TIME O				21c HOW IN	JURY OCCUR	RED (ENTER NAT	URE OF INJURY IN		I OR PART 2)	.,
	OR CONTRIBUTING			W/WO	HTH DA	Y YEAR		1	VIA				
MEDICAL	21d INJURY OFCU		21e. PLACE	OF INJURY	Y		211. LOCATIO	N /			-		
X	WHIE AT WORK AT V	40	(AT HOME, ST	HEET FICTOR	Y, OFFICE A	RM, ETC	STREET	N/1	4	CITY OR TOWN		COUNTY	STATE
1	22s.1 certify that	(1) (this hospite	al) attended th	e decease	d from		1189	10 80	- 10	12/5	19	77	that (I) (we) las
	sow the dece	ased alive on	12/	5	19	17. on	d that in (my)	(aur) opinion	death occurred	an the date	and hour o		
	22 SIGNATURE	(did nat)	view the body	atter deat	th.		DEGREE					22c. DATE	SIGNED
	John	111)	te	to	1	nn	A	TTENDING	MEDICAL DIRECTOR [	STAFF		12/	-187
-	22d. PHYSICIAN'S	NAME TYPE OR	PRINTI				22e. ADDRES:		DIRECTOR	PHISICIAN	• 🗆	1/-/-	310/
-		ritch		1D	100	AUE 05 0			Maryl	and			
736	BURIAL CREMATION	N, REMOVAL	236. DATE	100	73C N	AME OF C	EMETERY OR	0	CITY	NWOT RC	0	EQUNTY	7 STATE
-	ELENERAL DIRECTOR	al	17 Dec	0/	Jr.	Mar	45 CM	Lem,	Drya TE REÇ'D. BY RI	on to wa	n C	nas C	0. MI
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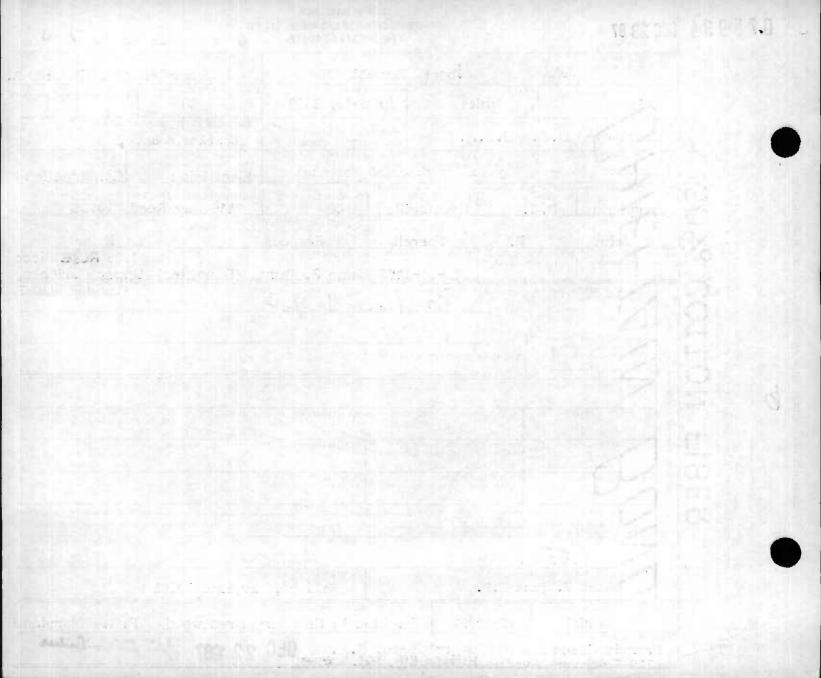
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5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	REG.	NO.	3	3	22

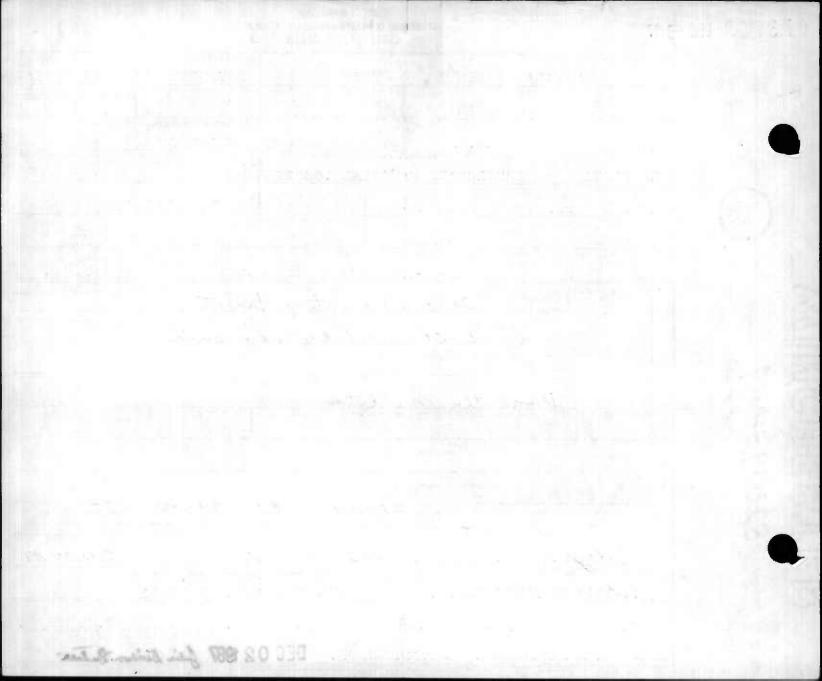
		REGISTRAR				CHICITI	ICAIL OI B	CATH	REG. N	0.	400	227	*	
		CEASED NAME	FIRST	A	AIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR .
	,		John		Albert	Farre	ell SR		Dec	ember	16	1987	8:	00 MA.
	3. SE)		4	. RACE		5. DATE C			AGE IN YEARS LAST BI	THDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	12	Male	Em /	Whi	te	Jun	e 15°,		77	YRS.				77.174.
1		RTHPLACE (STATE OR			WHAT COUNTRY?	MARRIE	D NEVER A	MARRIED -	BALTIMORE CITY O	31.74		ATH	-	
		Vashington		AT .		WIDOWE	DEX DE	VORCED 🔲	Charles	Count	ty,			MD.
	1	PY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSI				12a USUAL OCCUPAT			KIND OF	BUSIN	SS OR
1	-	LaPlata	1		cians Mei		. Hospi	tal	Electricia	n .	Co	onsti	ruct	ion
2	13a. S	AL RESIDENCE (# NURS	136 COUNT	THER INSTITUTION,	13c. CITY OR TOV		13d. INSIDE C	ITY LIMITS?	3e STREET ADDRESS	ZIP COD	E			
		Maryland	P.C		Hyatts	ille	YES X	NO 🗌	1416 Ray			20782	2	
3	IN FA	ATHER'S NAME FIRST	M	IDDLE	LAST			MAIDEN NAM	E MIDDLE			LAST		
1		John		Р.	Farr	ell	F	rances			_ N	Volar		
7		VAS DECEASED EVER		VED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMA		ADDR	ESS	1909	Ra	se F	Place
20		No	***		578-01-	1496	June 1	Quin	n (Daught					
ſ		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b), or	id (d.)	Λ	0						20772
ď		PART I. DEATH W	IMMEDIATE		Can	dias	c 1/	Mest				,		
				DUE TO, OF	R AS A CONSEQU	ENCE/QE								
1		Conditions, if ony,	which	( (b)_	450	VD								
Н		gove rise to immore couse (o), stoting		DUE TO, OF	R AS A CONSEOU	ENCE OF								VIII
		underlying couse	lost.	( (c)_										100
Я	-	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE OR CON	DITION GI	VEN IN F	ART Ind		
	CERTIFICATION										. 17.			
	ICA	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE				
4	RTIF								YES NO	Y	ES 🗌		NO [	
/		210. ACCIDENT WAS UNI	Lad	HOUR A.	FINJURY M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 1B	PART 1 OR	PART 2)		
ú	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	P./		19								
	AEDI	214 INJURY OCCUR		21e PLACE O	OF INJURY BET, FACTORY, OFFICE.	FARM FTC )	211 LOCATIO	N	CITY OR TO	wn	con	UNIY	5	TATE
Į,	~	AT WORK NOT WE	RK			-3								
		220.1 certify that (1)				141	81	_, 19	_ , to		19	. 1		
		sow the decease obove, (I) (we)	d alive on _ id) (did not)	view the body	ofter death.		nd that in (my)	(our) opinion de	eoth occurred on the d	ote and ha	ur and fr	om the c	ouses st	red
		226 SIGNATURE	1146		1000		DEGREE	TTELLERING			22	. DATE S	IGNED	1
			verjue	le m	0	112	1		MEDICAL STA	IAN		1211	6/8	7
		22d. PHYSICIAN'S NA					22e. ADDRES		HALK-III					
		Robert	T. Pa	ce M.D.			Wal	dorf, M	aryland 20	601				
		BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		L OHN	10		TATE
		Buri	al	12/19	/87 F	t. Lin	ncoln C	emetery	Brentwoo	od	P.G	. 1		land
		UNERAL DIRECTOR	schle	Sons E	unowalest	lomo	DA	250 DATE	PEC'D. BY REGISTRAR	250 REGIS	TRAR'S	IGNA	IRE LA	A
		Francis Ga <del>1739 Baltin</del>	SCII.2	JUIIS F	Hvattsvi	fle M	d 207	BIUEU	22 1987	Jula	M. Caro	-1.4		
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DHMH - 16 60M 7/84 (VRA 15, 4)



-	SACIAN. The law requires that the death certificate be executed within 24 hours ables death. Page 4 may be ing physician.	certificate has been signed by the aftending physican and complete, that it has further director, page 3
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N OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	CIAN 6 phy	artico.
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8 9 DEC -	114	FOR STATE REGISTRAR			JEI ANII		ATE OF DEATH	8 /	REG. NO.	5	5	
		OR PRINTS	FIRST		MIDDLE	LAST		20. DATE OF	DEATH MON	ITH DA	YEAR	26 HOUR
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9 9	3. SE	(	4	RACE	THE REST	5. DATE OF BI	IRTH YEAR	AGE IN YE	ARS LAST BIRTHDA		NIHS DAY	
128	1	FEMALE		CAUCAS	SIAN	AUGUST	3, 1927	60		YRS.	55	S MOOES MAN
1 27		RTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 MARRIED T	NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTY	OF DEATH	
135	M	ARYLAND		U.S	S.A.	WIDOWED		CHA	RLES			M
Tho	1	A PLATA	ATH 1	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET CTANS M	ADDRESS)	THER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WO ER	PRKING LIFE)	INDUSTR	OF BUSINESS OF EXCHANG
184	13a. S	ALRESIDENCE (# NURS TATE RYLAND	136. COUNT		I GIVE RESIDENCE BEFORE 13c. CITY OR TOW SCOTLANI	N \$13d	I INSIDE CITY LIMITS?	13r. STREET A	DDRESS RAL DE	LIVE	RY	20687
110		THER'S NAME					MOTHER'S MAIDEN N					
1/1X		GEORGE	AA	IDDLE	WILLIS	5	OLIVE	FRN	JEST INE			VEN
93		VAS DECEASED EVER			166 SOCIAL SECU		INFORMANT	LINU	APDP865			
17		NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-16-7	962 AI	LBERT LEE F	ISH.III				
200		7	TH (Enter only	v one couse ne					,	10101		OXIMATE INTERVAL IN ONSET AND DEATH
aut.		PART I. DEATH W			CANDI	00 0000	1 story	Annos	t		85.144.	
9 6		7. 7.6	IMMEDIATE			- Congress	Jan J					7
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				DUE TO, C	DR AS A CONSEQUE	ENCE OF	1 1.00.		-			
9 1 0		Conditions, if any		(b)_	Left L	ENCE OF	Love Pa	eumo	mà			
rematic her trax		gove rise to impose to couse (a), status	mediate ng the	(b)_	1 1 1	ower	Lovefor	eumo	mà			
ol, cremation or ather trav		gove rise to im- cause (a), statis underlying cause	mediate ng the e last	(b)_ DUE TO, C	CRAS A CONSEQUE	ENCE OF						
en please remais burial, crematic ury, ar ather trau	Z	gove rise to im- cause (a), statis underlying cause	mediate ng the e last	(b)_ DUE TO, C	CRAS A CONSEQUE	ENCE OF	Colie Pa			ON GIVE	N IN PART	I(o
1. Then please remain or to burial, crematic y injury, or other trau	TION	gove rise to im- couse (a), statis underlying couse PART 2 OTHER SIGI	mediate ng the le lost	DUE TO, C	CONTRIBUTING TO	ENCE OF  DEATH BUT NO	OT RELATED TO THE TER	rminal Disease	OR CONDITI			
to been lighed by the off the prior to buriel, cremating one prior to buriel, cremating does any liquity, or ather train	THEATION	gove rise to im- cause (a), statis underlying cause	mediate ng the le lost	DUE TO, C	CRAS A CONSEQUE	ENCE OF  DEATH BUT NO	OT RELATED TO THE TER	PMINAL DISEASE	OR CONDITI	h. IF YES.	WERE FIN	DINGS USED ES OF DEATH?
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La Plata Physicians Memprial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR FARMER  OSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 STATE  136 STATE  MARY LAND  ST. MARY'S HUGHESVILLE  15 MOTHER'S NAME  FIRST  MODIE  MODI	0
ANALE  CAUCASIAN  JUNE  27, 1933  76 BIRTHPLACE ISTATE OR POPEION  MARYLAND  U.S.A.  WIDOMED  MARYLAND  TO CITIZEN OF WHAT COUNTRY?  MARRIED  MARRI	26 HOUR P
ARTILAND  U.S.A.  WIDOWED  DIVORCED	
TO CITY OR TOWN OF DEATH  La Plata  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PHOSPITAL PLATE SWEET ADDRESS 1 all Hospital FARMER  120. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) INDUSTR  121 INDUSTR  122 INDUSTR  123 STATE 123 STATE 124 INST MARY'S HUGHESVILLE 125 INDUSTR  126 INDUSTR  127 INTO THE PROPERTY OF WORK FOR MOST OF WORKING LIFE) 128 STREET ADDRESS / ZIP CODE RT. #1, BOX 20, HOMEI  129 INDUSTR  120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) 120 INDUSTR  120 INDUSTR  121 INST INST INST INST INST INST INST INST	MD.
DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  137. MARY'S HUGHESVILLE  15. MOTHER'S MAME  FIRST  AMODIE  15. MOTHER'S MAME  FIRST  AMODIE  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)  166. SOCIAL SECURITY NO.  17. INFORMANT  ARTRESS#1, BOX 20.  216-30-4496  MRS. LOIS A. FOWLER, HUGHESVILLE, M.  PART I. DE ATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  APPRE  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  18. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  19. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  19. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)  19. CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 101)	OF BUSINESS OR
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O 14 to 10 t	
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
BPBURIAL 12/3/8/ ST. MARY'S CATHOLIC BRYANTOWN, CHARLES,  DHMH-16 60M 7/B4 PUNERAL DIRECTOR  NAME  ADDRESS  DECCE 1987 STRATUM RESISTANCES IN ADDRESS	MARYLAND

LEONARDTOWN, MD.

(VRA 15, 4)

EDWARD N. BRINSFIELD,

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THE VEHICLE OF THE PARTY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE UNKN. #87-129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED NAME 20 DATE KNOWN 2h HOUR 8-27-87/ LTYPE OR PRINTI ESTI-DEATH MATED HEFNER KATHERINE 4 RACE 5. DATE OF BIRTH AGE LIN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 12/ 3/ 10 87 1914 DEAD Female White 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISLATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. WIDOWED K DIVORCED Charles County, Tennessee ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY wooded area off Rt. 231 Hughesville Housewife Domestic USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Waldorf , Maryland 3a STATE 136 COUNTY 13c CITY OR TOWN 13d. IHSIDE CITY LIMITS? Maryland Charles Waldorf NO X 3687Kempsford Field Place 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Thompson Ada Canady 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Waldorf . Maryland 411-10-9149 John Cronin 3687Kempsford Field Place APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Undetermined IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ITING THE WORD "PE IDED TO THE CHIEF A E 3 SHOULD BE USED A E DEPARTMENT OF HE DI PRICH TO BURIAL, (1) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🔀 NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. SADISTYL BAY / YEAR UNDERLYING AOR Unknown CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 231 Hughesville wood area Rt. Charles Md. PACE A SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE STA BALLIMORE, MARYLAND 2 220. I certify that I took charge of the remains described above, held an Accident death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNED. Deputy Chiefredical EXAMINER 12/4/87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto, Md. TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Gremation Cremation 12-9-87 Catonsville Baltimore Marvland Westview Memorial Park 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Marzullo Funeral Service Upperco. MD. (VR A15 ME (5))

STATE OF MARYLAND

FOR

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	REGISTRAR		CERTIFI	ICATE OF DEATH	REG. NO.	300	, 0
	CEASED NAME FIRST	WIDDIE	(/	AST	20 DATE OF DEATH MONTH		26 HOUR
	Robert		Jack	son	December	11 198	7 1:39 P <sub>M</sub>
3. SE	MALE	4. RACE BLACK	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)  6 7	MONTHS DAYS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY UNITED STATE	MARRIED WIDOWE	M NEVER MARRIED [	BALTIMORE CITY OR COL Charles Co	INTY OF DEATH	MD.
	ITY OR TOWN OF DEATH LaPlata	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  Physicians M	ING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORK	INDUSTRY E D	OF BUSINESS OR CATION
13a	STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY ARLES NANJET	WN I	13d. INSIDE CITY LIMITS?	BOX 95B /ZIP 2	0662	
14 F/	ATHER'S NAME FRANK	MIDDLE JACK	SON	I RENE	MIDDLE	DC	TRSEY
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN)	VE WAR OR DATES)		17. INFORMANT  Ada J. Jac		ох 95B moy, Ма	aryland
NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	nges UEDE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	O GIVEN IN PART	lia'
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. 1 YES NO	IF YES, WERE FIND ERTIFYING CAUSE YES []	PINGS USED ES OF DEATH?
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W	WHILE AT WORK NOT WHILE AT WORK 10 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  10 STREET CITY OR TOWN COUNTY STATE  11 WORK 11 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  12 - 1 certify that (I) (this haspital) attended the pleceased from 19 that (I) (we) last						
	saw the deceased alive an						
	22d PLYSICIAN'S NAME (TYPE	ORBINI)	me	ATTENDING PHYSICIAN 1/220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12	2-11-87
	Ignacio Ga	arcia M.D.		Route 6 La	aPlata, Maryla	nd 20646	
	BURIAL, CREMATION, REMOVAL		NAME OF CE	EMETERY OR CREMATORY ROVE BAPTIST	23d. LOCATION CITY OF TOWN GRAYTON	CHÄRLI	es MD.
24 F	LINERAL DIRECTOR			25a DATE	DEC'D BY DECISTDADING DE	CHETRADIC CICNI	ATLIDE

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NAME THORNTON (VRA 15, 4)

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## STATE OF MARYLAND

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REG. NO.				

REGISTRAR		CERTIFIE	CAIL OF PLATE	REG. NO	5.	
DECEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
Georg	e F. John	son		November 6,	1987	1:31 A
. SEX	4 RACE	S. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	R ) YEAR IF UNDER 24 HRS
Male	CAUCASIAN	DEC.	5, 1929	57	YRS	DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? B.	_	9 BALTIMORE CITY OF		ATH
MARYLAND	U.S.A.	WIDOWED	NEVER MARRIED U	Charles		M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OF		120 USUAL OCCUPATION		KIND OF BUSINESS OF
La Plata	Physicians Mem		osnital	DELIVERY MA		AS CO.
MAL RESIDENCE I IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)			7.0.000	
MARYLAND ST.	MARY'S MECHAN	ICSVILLE	13d INSIDE CITY LIMITS?  EYES \( \begin{array}{ccc} NO \( \begin{array}{ccc} array	RT. #1, BO		20659
ATHER'S NAME			15. MOTHER'S MAIDEN NAM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20037
LEONARD	B. JOHNS	ON	IMELDA	MIDDLE	1	VATHEN
I EUNARD  III. WAS DECEASED EVER IN U.S. A			17 INFORMANT	D ADDRE;	1, BOX 3	
NO (IF YES, O	GIVE WAR OR DATES)	6-5764	MARIAN E. JO	HNSON MECH	ANTOCUTI	F MD
			TIAKTAN E. JU.	indon, Filett		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
PART I. DE ATH WAS CAUS	anly ane cause per line far (a), (b) SED BY: ATE CAUSE (a) A CUTE	PECDIO.	ATORY FAIL	IPE		BETWEEN ONSET AND DEATH
IMMEDI	ATE CAUSE 10)	FT SLIF	11 (-2)			
	DUE TO, OR AS A CONSE		00505	- 00 c'- 10	A 1 F1	
Canditians, if any, which gave rise to immediate	(b) MEIA	STATIC	DEFASI	CARCINOMA		
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF				
underlying cause last	(c)					
	T CONDITIONS CONTRIBUTING	TO DEATH BUT N	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN IN	PART IIa
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING						
190 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	200 AUTOPSY?		FINDINGS USED
	He Continued Committee		237	YES NO	YES 🗌	NO 🗆
OR COLUMNITURE CAUSE OF E		DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
(IF EITHER NOTIFY MEDICAL EXAMIN	DENTH	19				
(IF EITHER NOTIFY MEDICAL EXAMINATION OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	WE SADA ETC I	211 LOCATION STREET	CITY OR TOY	vn co	UNITY STATE
AT WORK	(ATTOME, STREET, FACTORY, OFF	nce, ranm, erc )				
220 1 certify that (I) (this has	spital) attended the deceased fro	m 11-3-	- 47 . 19		£7 19	, that (l) (we) la
saw the deceased alive a	nat) view the bady after death.	9, and	d that in (my) (aur) apinian a	death occurred an the da	te and have and f	ram the causes stated
226. SIGNATURE	and the dody after death.	D	EGREE		22	L DATE SIGNED
Koriela M	. Hatt	MD	ATTENDING PHYSICIAN F	MEDICAL STAF	FIAND	11-6-87
22d. PHYSICIAN'S NAME (TYPE			228 ADDRESS			
Krishan M. M	fathur, M.D.		Waldorf, Md.	20601		
3a. BURIAL, CREMATION, REMOVA	AL 23b DATE 12	731 NAME OF CE	METERY OR CREMATORY	123d LOCATION		
(SPECIFY)	The second secon		MEMORIAL GARD	CITY OR TOWN	CHADIEC	, MARYLAND
BURIAL	11/7/0/	TITMIN	TELIORIAL GARD	·   WALDORF,	CHARLES	, FIARTLAND

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

FOR STATE

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

NOV 1 2 1987 Lilia Deviden Redistrar

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF BEATH	- 2

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78182 JAN 13	<b>1</b> -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	5 /	5	6 0	2
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tor, page 3 ofter death	3. SE)	Sarah	4. RACE	Mildred	S. DATE C	nson DF BIRTH	6. AGE   IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
softe.		FEMALE	WI	HITE	Oct	ober 31, 1909	78	YRS.	NINS DAYS	HOURS MIN.
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on softer do sof	10 CI	TY OR TOWN OF DEATH	11. NAME OF Physics	HOSPITAL, NURSING HEACHLITY, GIVE STREET	IG HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMA		INDUSTRY	HOME
AND 21201  24 hours ofter filled in by the jould be filed with home Nobel of the with the south of the southo	13e. S	TATE MD. CHA	OR OTHER INSTITUTION		ADMISSION)		136 STREET ADDRESS RT.#2 B	ox 18	1 2	0664
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MORE, M. e executed Pages 1 or medical		VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	577-01-		17. INFORMANT REBECTA DE	RTOM MENT NEWB			-A 664
ALTI Propries		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one couse per	line for (a), (b), an	d (c).)					MATE INTERVAL ONSET AND DEATH
AANI		PART I. DEATH WAS CAL IMMED	ISED BY:	CUTE RE	SPIRA	ITORY FAIL	JRE			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN: The low requires that the definition be executed within 24 hours or attending physicion.  Wher this certificate has been signed by the thin strip plum and completely filled in by as the burial-strains permit. Then please among pers. Pages 1 and 2 should be file the ond Mental Hygiene prior to burial, certificate and mental by shows any injury, or at that all shows any injury, or at that		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUI R AS A CONSEQUI	ATIC	CARCINOM	A of Lu	NG		
RDS, 201 equires the n signed Then plec ta burial	NO	PART 2- OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVE	N IN PART III	0
he low room to permit.	CERTIFICATION	196 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X	206 IF YES, IN CERTIFY!		OF DEATH?
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UG PHYS attending the this of the built head Me hand Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE, I	ARM. ETC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TEND of TOR. A or Use of Heal		22a.1 certify that (I) (this ho saw the deceased alive above, (I) (we) (did) (did				nd that in (my) (our) opinion o	to 11-36	ate and hour		that (I) (we) last couses stated
0 0 0 0 2		22b. SIGNATURE	1. Math		my	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN [	22c. DATE	268)
O HOSPITAL  of Hospital  TO FUNERAL  thould be det  with the State		22d PHYSICIAN'S NAME (14) Krishnan M.		M.D.		22m ADDRESS Suite 200 Cha	as. Prof. B	ldg. Wa	aldorf	, Md.
Bb————	23a B	URIAL, CREMATION, REMOV		23ε. Ι		EMETERY OR CREMATORY Y MEM. GARDE	23d LOCATION CITY OF TOWN NS WALDOR	F CHA	RLES	MARYLAN
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR					REC'D. BY REGISTRAR		AR'S.SIGNAT	

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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39 UEL -1		CEASED NAME FIRST	MIDDLE	1	LAST	20. DATE OF DEATH		YEAR	2b HOUR
may be r. page 3 iter death	3 SE	Leroy	R. Mai		OF BIRTH	Noven	nber 25	ER YEAR	# UNDER ZEHRS
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rhfic g phy on poppe emo: ±1 even			ly one couse per line for (a), (b), on D BY: E CAUSE (a)	ACC.	arrest			APPROXIM. BETWEEN OD	ATE INTERVAL
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ig physic g physic certificate riol-trans ental Hyg them 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OF	PART 2)	
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Y the how the house detached to Differ the Dept of Table 1 of of		22b. SIGNATURE	alt	1		MEDICAL STAF	F	2 DATES	GNED
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DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME THORNTON FUNE	ADDRESS	AL I		REC'D. BY REGISTRAR			

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		TTE	O o d	21		sow the deceased alive obove. (I) (we) (did) (did	on 2 4 19	and that in (my) (our) opinion	on death occurred on the date one	d hour and from the	couses stated
		hos hos	hed	Head		226 SIGNATURE	and the court of the court.	DEGREE		ZZC QATE	ESIGNED
		the C	etoc te D	*		10.	· · · · · · · · · · · · · · · · · · ·	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	101	5 8+
		上台	200	Z	-	Total Duye ICIA NE NOME		122- ADDDESS		1	1

23c NAME OF CEMETERY OR CREMATORY

Old Durham Episcopal

23a BURIAL, CREMATION, REMOVAL

Burial

12-08-87

Arehart Funeral Home, Inc., La Plata, Md.

[SPECIFY]

74 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

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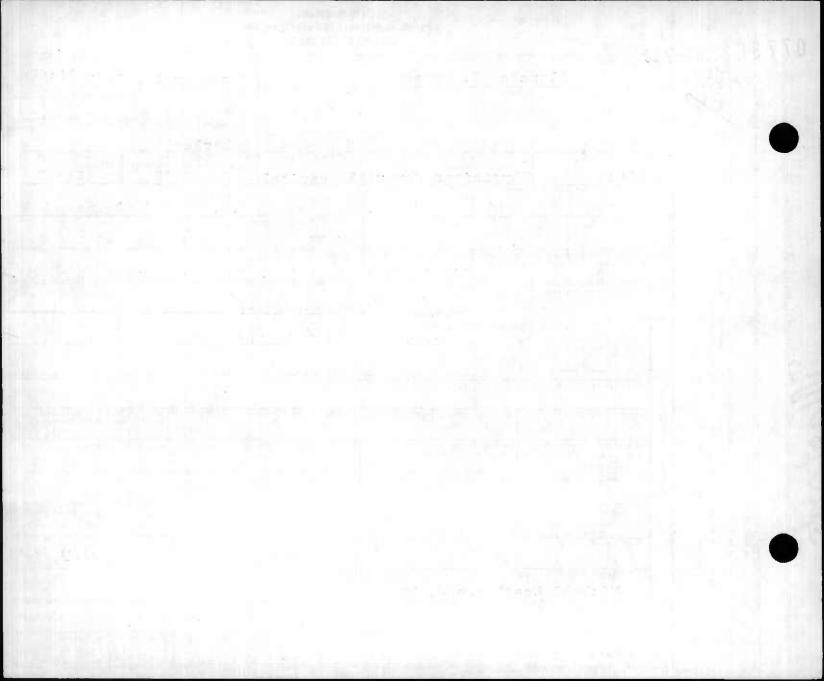
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a. U	VELASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
deon /	B1a1	nche I. Munso	n	December	19. 1987 11:00pm
3.5	SEX	4. RACE	5 DATE OF BIRTH	6. AGE TIN YEARS LAST BIR	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
34	FEMALE	BLACK	APRIL 5, 1913	75 74	YRS
501	BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
35	MARYLAND	UNITED STATI	SVIDOWED X DIVORCED		MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126 KIND OF BUSINESS OR
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	UAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	E ADMISSION)		
ES M	MARYLAND CHA	ARLES BRYAN	RD. YES NO 🕱	P.O.BOX	C / 20616
45 Jan 14.1	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
COUP E	ARTHUR	H. BLAI		ALICE	JOHNSON
0 16s.	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	JRITY NO. 17. INFORMANT	ADDRE	55\$
Ë	NO	217-36	-7454 DELORES E	. JOHNSON	Bryans Road, Md.
ofic event,	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), o ED BY: TE CAUSE (a) ACONSEQU	- Pulmony (1	nest	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
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dygiene prior to the tygiene prior tygiene prior to the tygiene prior tygiene p	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO}  \text{T}
1 2 2 4 1	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH	AY YEAR  19	IRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPART 2)
olth and Mento marked or Item	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM. ETC.) 211. LOCATION STREET	CITY OF TO	WN COUNTY STATE
DIRECTOR: Aforthed for use on Dept of Health frem 21 is mo		nital) attended the deceased from 19_ 19) view the body after death.			, 19, that (1) (we) last ate and hour and from the causes stated
E 6)	22b. SIGNATURE  Multural (	Dulted	DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAI	221. DATE SIGNED 12/20/87
TO FUNERAL should be deta with the State IMPORTANT:	Michael I	eatherwood, M	D 270 ADDRESS		
O 4 3 X 730	BURIAL CREMATION, REMOVAL	12-24-87 23c	NAME OF CEMETERY OF CREMATORY MACEDONIA BAPT	IST BRYAN	S RD. CHARLES MD.
- 10 50M 1/81	FUNERAL DIRECTOR  NAME  THORNTON FUNE:	RAL HOME	POMONKEY, MIDE		25b REGISTRAR'S SIGNATURE

STATE OF MARYLAND

Item 6 G635 1-6-88 sb



77d PHYSICIAN'S NAME (TYPE OR PRINT)

Huntt Funeral Home

BURKE

11-30-87

736. DATE

HENRY

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 26 HOUR 1987 NICHOLSON 26 3:02 5. DATE OF BIRTH & AGE | IN YEARS LAST BIRTHDAYS IF UNDER TYEAR IF UNDER 24 HRS MONTH 26 1910 76

BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED CHARLES DIVORCED [ WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PHYSICIANS MEMORIAL HOSPITAL Carpenter Constructio USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS Hughesville Box 274 /20637 Rt. YES [ NOXX 15 MOTHER'S MAIDEN NAME Sophia Knott Nicholson Doshia 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 220-28-7059 Dorothy R. Nicholson same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR 211 LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 (our) opinion death occurred on the date and hour and from the causes stated and that i 22c. DATE SIGNED DEGREE

ATTENDING

72e ADDRESS

20601

73c. NAME OF CEMETERY OR CREMATORY

Вох

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

LA PLATL, MD

Cedar Hill Cemetery Sultand Pr. Geo.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

11-26-8

Julia Dividson. Kan

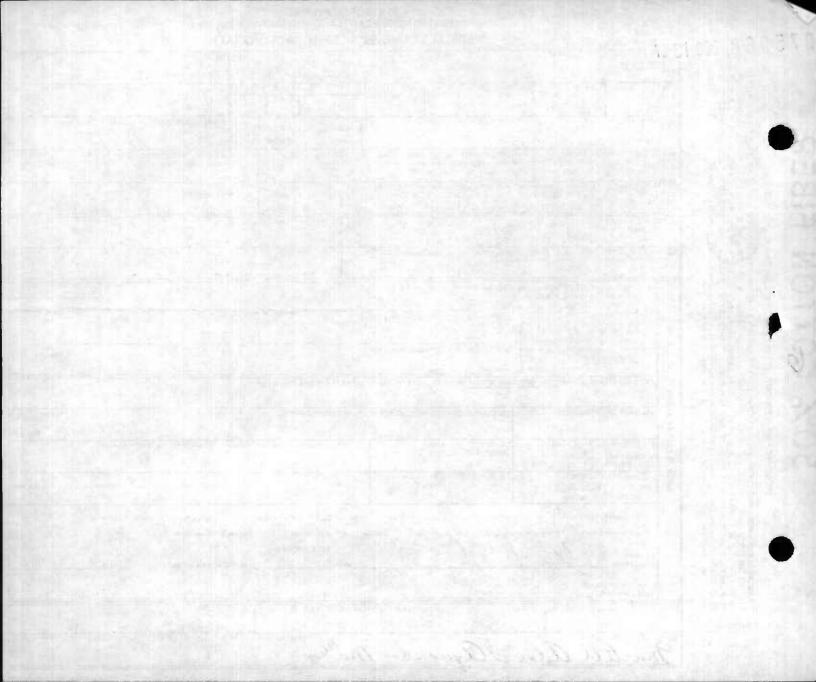
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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. • •			LEASED NAME	FIRST		MIDDLE		LAST		20.	OF EST		NTH DI	AY YEAR	76 HOU
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1	当日三支票	3 SE	4. RACE	5	DATE OF BIRTH			UNDER 1 YR.	IF UNDER 2		DATE	MQI	NIH D	AY YEAR	2d HOU
C	DUR DUR DN S	1	Male Bla	ck	12-26-		15 YRS.	ONTHS DAYS	HOURS	MIN PRO	DEAD		12-2	1987	1:15
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,		shington,	DC	USA			OWED	DIVORCE	34 34	Charle	es Con	intv		AA
	S S S S S S S S S S S S S S S S S S S	10 C	TY OR TOWN OF DEATH	1	I NAME OF HO	SPITAL, NURSII	NG HOME, OR	THER INSTITU	ITION	12a USUAL	OCCUPATIO	N (TYPE OF W	ORK 17h	KIND OF BU	JSINESS
	ATENTO	1 M	acon Springs	5 7	wooded a	ACILITY, GIVE STREET		5	700		OF WORKING LIF	FE)		OR INDUST	RY
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2	OED DED	MEC	WHILE NOT WE AT WORK	RILE 177Y	STREET, FAI	TORY, FARM, ETC.)	THOME, 211.	STREET		cn	TY OR TOWN		COUNTY	1	MD . STATE
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	N STATE OF S		death resulted fram	Hatyrol	Lausey .	Accident _	, Suicide	, Hamis	cide X.	Undeterm	ned manner				
	EXAMINE CERTIFICA JLD SE R DIRECTO WITH TH AARYLAN		/	1/11	11/	an			SPECIFY)						
	¥至古女生"—		ACTUAL SIGNATURE	ace	1.11	01		M.D.Assi	stant.	MEDICA	LEXAMINER	D SI	ATE GNED_	12-3-8	37
	A SET THE THE THE THE THE THE THE THE THE T	1	SEVANINED'S MANE	<b>~</b> 1											
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE M		(TYPE OR PRINT)	Char.	les P. K	okes, M	.D.	ADDRESS_	111 F	Penn S	St., Ba	alto.,	Md.	2120	01
	PAATAA	23a.B	URIAL, CREMATION, REM	OVAL 236	DATE		NE OF CEMETER			23d LOCA	TION		COUNTY	S.	TATE
07/84	BP 913		Buria	1 1	2/10/8	7 St .	Joseph			Prom	fret.	Cha	_		MD
25M	DHMH - 17	24 F	UNERAL DIRECTOR	1.	ADDI	ຄ	-	21	250. DATE RE	EC'D. BY REC	GISTRAR 256	REGISTRA			
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death. Page 4 may be

STATE OF MARYLAND

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	REG. NO.				

2	1 - 87	FOR STATE REGISTRAR	C		EALTH AND MENTAL HYC	GIENE / REG. N	3 5 5	0 9	
		CEASED NAME FIRST Clar	a Bess:		ctor	24 DATE OF DEATH	11-14-8	7 13:40	LP
	3 SEX	emale	Black	5 DATE (	02/1906 YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. JATS HOURS MIN.	-
	M	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED D	BALTIMORE CITY O	OR COUNTY OF DEAT	H	<b>-</b>
2	10 CI	La Plata	Physician	IVE STREET ADDRESS)	al Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOME MA		ND OF BUSINESS OR	
1	Mas	residence is nursing home of		NCE BEFORE ADMISSION) OR TOWN COME	134 INSIDE CITY LIMITS?	130.SKELAPPES	is Woods	Rd.2069	3
5	14. FA	THER'S NAME James	MIDDLE Swann	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	Chompson	LAST	
	16e W	AS DECEASED EVER IN U.S. AR		16-0997	Mary Dorot	thy Thomps	son Waldo	Box 271 rf,Md.20	B 60
TION	ATION	Conditions, if ony, which gave rise to immediate couse Io), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT OF THE PROPERTION	41	DISEQUENCE OF ING TO DEATH BUT	,	MINAL DISEASE OR CON	NOITION GIVEN IN PAR		=
2	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ITII DAN MEAD	21c. HOW INJURY OCCUR	YES NATURE OF INJU	IN CERTIFYING CAL	USES OF DEATH?	- 1
	MEDICAL	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED  WHILE AT WORK		19	21f LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE	- 1
		270.1 certify that (I) (the hosping the deceased alive on where, (I) (we) (diel) (did not the small) and the small that the sm	ot) view the body after dear	19 87- 0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death accurred on the d	22¢ C	n the causes stated DATE SIGNED	
	220 0	K.	BAIL	122, NAME OF C	Las	laca	· GM	, ,	_
	B	Urial CREMATION, REMOVAL	11/18/87	Sacred	Heart Ceme	etery La P	lata, Cha	rles Co,	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

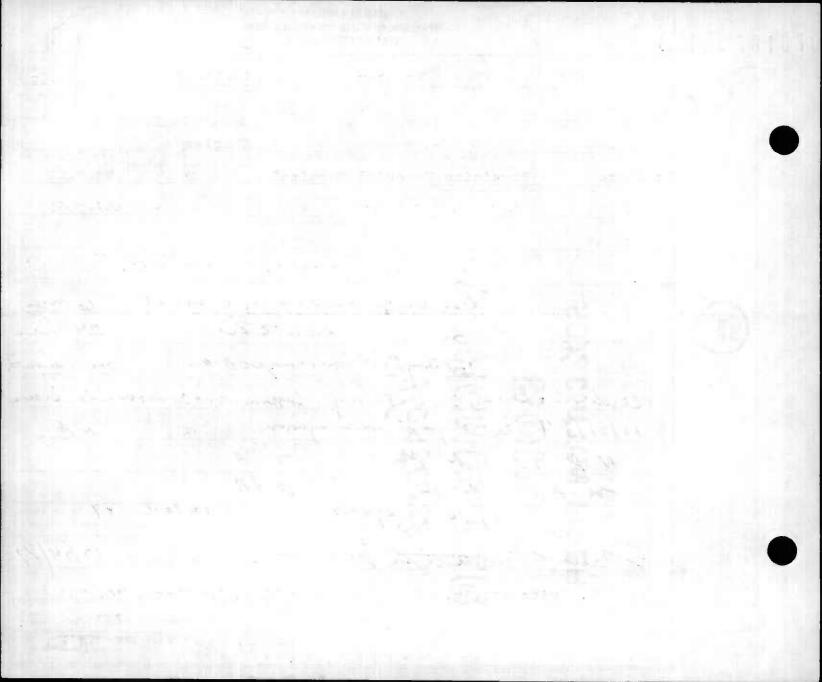
Arehart Funeral Home, Incom Plata, Md.

Julia Scorder Rudas NOV 1 9 1987

SERVICE OF STATE clare grand brocks smost da laskok encil despesso feltonidi nasteteriti viete that the shoot elicters to section to section brokens The state of the s the commence of the state of th Principal Color of the Color of

scapert functed tions. Tacyba Place, Nd. . . bileness to account factorial transfer

STATE OF MARYLAND



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and campletely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

Poges) on

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciph should be detached for use as the buriol-transit permit. Then please remove carbonpapers. I with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

retained by the haspital or attending physician.

BP

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

		220	Y	
1		5	5	
- 1	REG. NO.	200	47	

- 1	REGISTRAR				ICATE OF DEATH	REG. NO			
	CEASED NAME FIRST (OR PRINT) Kat	1	rela	Pugi	h h	26. DATE OF DEATH N		SAY YEAR	1136
3. SEX 4. RACE White			S. DATE O	• 2, 04 1904 YEAR	6. AGE TIN YEARS LAST BIRTH	YRS	IF UNDER I YEAR	IF UNDER 74	
TA	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	.A.	MARRIED WIDOWEI	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY OR Charles			
I	ITY OR TOWN OF DEATH LaPlata	Prhyrsuir	cara frame	remor:	rother institution ial Hospita	120 USUAL OCCUPATION  1 Interpretation of work for most of Homemake 1	WORKING LIFE	IZE KIND C INDUSTRY Own H	
	AL RESIDENCE (# NURSING HOME STATE 13b. CO MD Ch	UNTY	ive residence before 13c. CITY OR TOWI Nanjemoy	N	138. INSIDE CITY LIMITS?	Box 210,	Rt. 1/	/20662	
14. FA	ATHER'S NAME FIRST Alexander	WIDDLE	Varela		15. MOTHER'S MAIDEN NA	Mathild		Reh	ī
	WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (# YES,	ARMED FORCES?	215-38-		John P.S. I	Pugh, PO Box		Garrett	Park
	18. CAUSE OF DEATH (Enter		ine for (01 (b), one	d (c).)	0	1		BETWEEN	ONSET AND D
	PART I. DEATH WAS CAU IMMED  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUE	ENCEO	sula a	endent			
rion	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)  T CONDITIONS COI	AS A CONSEQUE	ENCE SEATH BUT					
RIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR  (b)  DUE TO, OR  (c)  T CONDITIONS COI	AS A CONSEQUE NTRIBUTING THE	ENCE SEATH BUT	NOT RELATED TO THE TERM	286 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED
CERTIFIC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR  (b)  DUE TO, OR  (c)  T CONDITIONS COI  19b CONDIT	AS A CONSEQUE  NTRIBUTING THE  ON FOR WHICH  INJURY  A. MONTH DA	SEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR  (b)  DUE TO, OR  (c)  T CONDITIONS COI  19b CONDIT  21b TIME OF HOUR A.M  P.M  21e PLACE O	AS A CONSEQUE  NTRIBUTING THE  ON FOR WHICH  INJURY  A. MONTH DA	OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	286 AUTOPSY? YES NO	ZOB. IF YES IN CERTIF YE:	S, WERE FINDING CAUSES	NGS USED OF DEATH
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	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  71d. INJURY OCCURRED  WHILE OF OTHER ALL WORK ALL	DUE TO, OR  (b)  DUE TO, OR  (c)  T CONDITIONS COI  19b CONDIT  21b TIME OF HOUR A.M  P.M  21e PLACE O (AT HOME, STREE)  spitol) oftended the onatiview the body of	AS A CONSEQUE  NTRIBUTING THE  ON FOR WHICH  INJURY  A. MONTH DA  OF INJURY  ET, FACTORY, OFFICE, F  deceased from	OPERATION  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TER/ N WAS PERFORMED  21c HOW INJURY OCCUP  21l LOCATION STREET  25 , 19 50  d that in (my) (our) opinior DEGREE  ATTENDING	200 AUTOPSY?  YES NO ST  RRED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES IN CERTIFY YES	COUNTY  19 3 120 APRIL 2)  county  r and from the	NGS USED OF DEATH NO []

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 wisconsin Ave, NW, Washington, D.C. 20016

DEC 1 1987

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215-3-45 .com P.S. man, 10 nov 65, came at mark, in

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DHMH - 16 60M 7/84

(VRA 15, 4)

director, page 3 hours ofter death

FOR - STATE DEGISTRAR MOECEASED NAME

TYPE OR PRINTI

70. BIRTHPLACE (STATE OR FOREIGN

LaPlata

Maryland 14. FATHER'S NAME Robert

NO OR UNKNOWN)

3. SEX Female

CERTIFICATION

MEDICAL

ony

FIRST

Sophie

OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 130 STATE 136 COUNTY Charles

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

Mari

White

76. CITIZEN OF U.5.A

1. NAME OF Physy

4. RACE

NES CIVE WAR OR DATES)

IMMEDIATE CAUSE (o)\_\_\_

DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 REG. NO. 5 5 5 1 2
AIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
2	Pusey	December 1 1987 8:40 A
	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
what country?	8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH Charles County MD.
HEACHTH GIVE STREEM	S HOME OR OTHER INSTITUTION  DDRESS PLAI	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker Na
GIVE RESIDENCE BEFORE : 13r. CITY OR TOWN Waldor	YES NO X	Rt. 925, Box 323-EE2,
Puse	y, Sr. Josephin	
220-54	441	hter ADDRESS D1x, Same aa 13
line for (o), (b), and	Lipulmone	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  C
e as a conseque	NCE OF artery	disease 15 Myss
R AS A CONTIDUE	NÉE OF Selevate H	ent Deserse 20 yer

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	dise	ase 15 kgs	ia
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONCEDIENCE OF	Heart Des	eise 20 y	_
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER			181
septiceme	a septie stock, aneme	as Treach	eles aleer Pet h	20
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USE	1

ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OFCURRED CASE OF DEATH HOUR A.M. YEAR

P.M 19 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FALLORY STREET

220.1 certify that (I) (this hospital) attended the deceased from sow the deceosed olive on obove, (I) (we) (did) (did not) view the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

body ofter death DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

Paul E. Pritchett M.D.

LaPlata, Maryland 20646

COUNTY

STATE

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Waldorf, Charles, Md. 12/4/1987 Trinity Memorial

24 FUNERAL DIRECTOR Funeral Home,

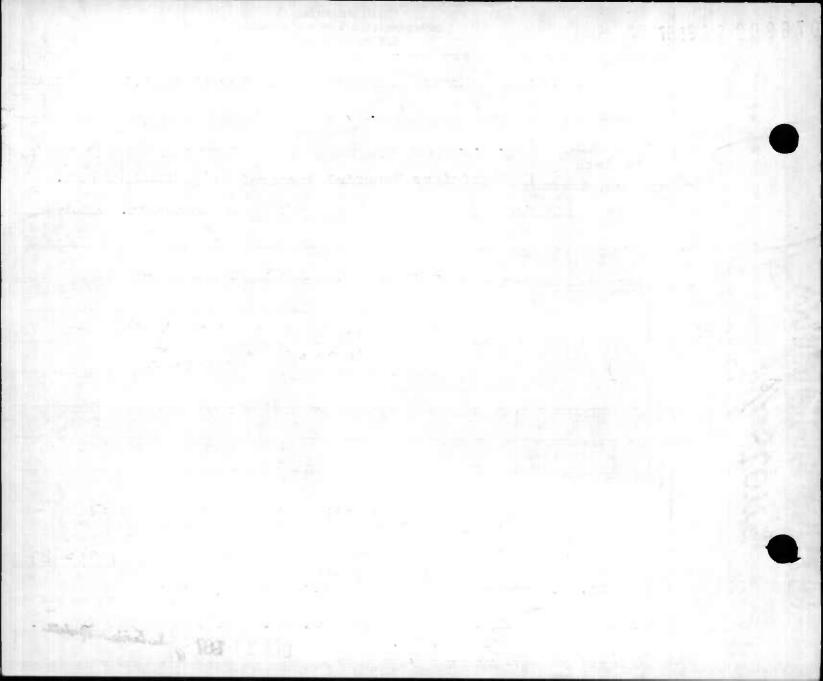
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Waldort, Ma. 2060

**DEC 0 2** 

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Femels 1694 93 - domenakar Parvlend Dresles | boldest | N. Rt. 525, Box 323-662, Rabert W. Usev, br. Jasephine
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Funt's Funeral Home, Walders, . Box along the contract to the



STATE OF MARYLAND

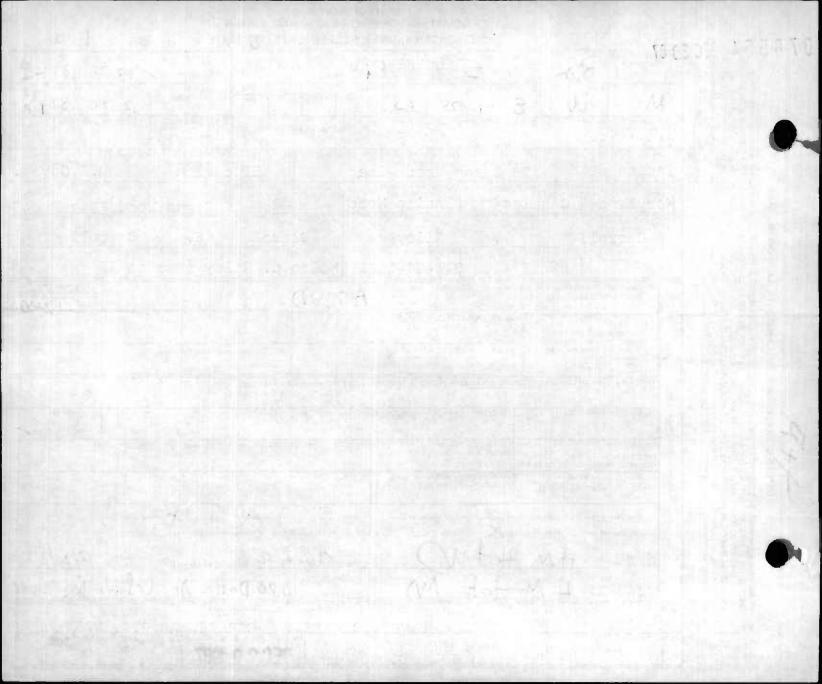
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

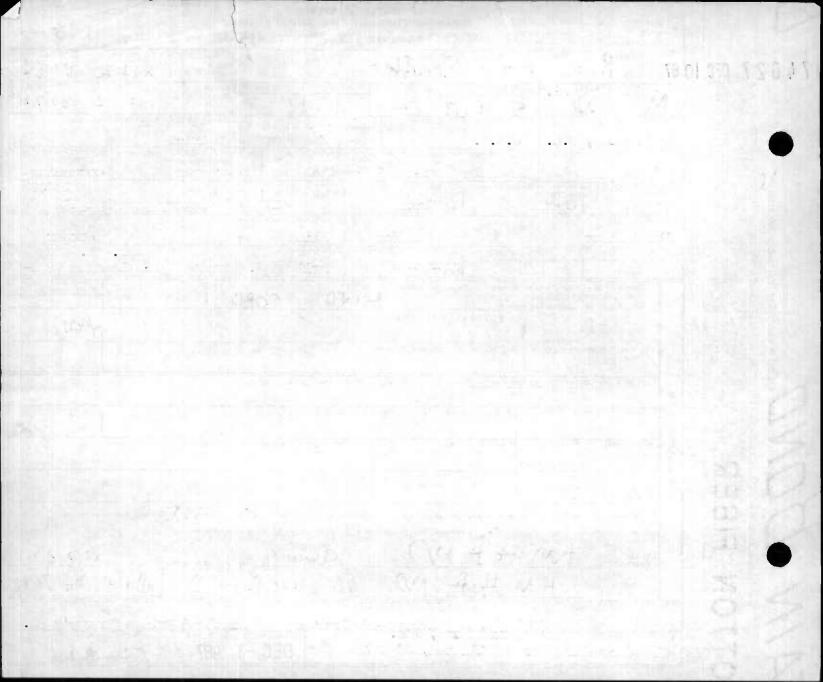
21	87	FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	IENE / RE	G. NO 5	6 1	4
1	DECEASED NAME FIRST		BEVERLY RIC	SON	December		987	1:40 A.	
	3. SEX	ale	4 RACE White	A MONT	DF BIRTH 22", 190"2"	6 AGE (IN YEARS LA		ONINS DAYS	IF UNDER 24 HRS. HOURS MIN
3		RTHPLACE ISTATE OR FOREIGN OUNTRY IN THE INTERIOR FOREIGN	U.S.A.	MARRIE WIDOW	D NEVER MARRIED DED XX DIVORCED		LES COU		
Ť		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI Route 6, Near		e Road	Steamf1	IPATION OF OF WORKING LIFE		red 602
			ROTHER INSTITUTION, GIVE RESIDENCE BEFORE THOUSAND		13d. Inside City Limits? Yes \( \text{NO \( \text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\text{\texit{\text{\texi}\text{\texi}\texit{\texit{\texit{\text{\texit{\texit{\texi\texit{\texi{\texi{\texit{\texi{\texi{\texi{\texi{\tex{	13. Ross to Rt. 1,	Box 421		
0	14 FA		A. Richardson		15 MOTHER'S MAIDEN NAME BELLE	e Garre	ett	ŁAŚ!	1
N.	16a W		RMED FORCES? 166 SOCIAL SEC 1/2 WAR OR DATES! 225-05		8 Margaret		DDRESS Wedding	Rt. 1. India	
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		BURIAL, CREMATION, REMOVA	L 23b. DATE 23c		CEMETERY OR CREMATORY  Y Mem. Garde	23d LOCATION		r°V1'an	d STATE
	24. FL	UNERAL DIRECTOR	AL HOME, INCORPESS,		25a. DAT	E REC'D. BY REGIS		RAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME DATE KNOWN ROY EUGENE RILEY (TYPE OR PRINT) OF ESTI-0 UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS 198 DEATH MATED 3 SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 62 YRS PRONOUNCED 198 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Charles Virginia DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 1 F NOT IN SUCH FACILITY, GIVE STREET ADDRESS PORT OF THE PROPERTY OF THE PROP U.S.Gov't. Electrian Indian Head 130 STATE Charles 13 CITY OR TOWN 13d INSIDE CITY LIMITS? . . 13e STREET ADDRESS Maryland Indian Head Green Wood Place 20640 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 Carroll Rilev Carroll E. ara In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN Yes 214-28-2512 L. Riley same as 13 Helen TRANSIT PERMIT. I ENTAL HYGIENE DI OR REMOVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ASCUD PART I DEATH WAS CAUSED BY unknum IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF CHIEF MEDICAL EXECUSED AS A BURIAL TO F HEALTH AND MEN lying couse lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? PAGE 4 SHOULD BE FORWARDED THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR": PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO PLANTING. 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LAT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 22a I certily that I took charge of the remains described above, held on and in my opinion Inspection death resulted from Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY Dec. 23d LOCATION Burial CEMETERY 987 CHELTENHAM, P MARYLAND 07/84 754 REGISTRAR'S SIGNATURE BOX 156 **DHMH - 17** (VR A15 ME (5))





DEC 28 FOR PER STATE REGISTRA	AR			AENT OF HEALT	MARYLAND H AND MENTAL TE OF DEATH	8	REC		6 1	Z
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3. SEX		4. RACE	1.	5. DATE OF BIR	<sup>™</sup> 2′5 Ö′4		GE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
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IO, CITY OR TOV		11. NAME OF	HOSPITAL NURSIN	G HOME OR OT	HER INSTITUTION	120	USUAL OCCUP	PATION		OF BUSINESS OR
LaP	lata :	hysic	tans Men	orial	Hospita	11	Home Ma	aker	INDUSTR'	Home
Maryl		ITY	136. CITY OR TOW Port To	baccores			STREET ADDRE	SS Box	1143/	20677
FATHER'S NA	5T	MIDDLE	King		MOTHER'S MAIDEN Harri		MIDDL			ckerell
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sow	ify that (I) (this haspi the deceased alive on e, (I) (we) (did) (did no	12-	19 19 8		) 19 / of in (my) (our) opi	inion deotl	10	m ber 20 ne date and ha		e, that (If (we) lost ne causes stated
22b. SIGN	Purelio C	. des	laster	DEGR M-1	ATTENDIN PHYSICIA	NG M	FOICAL SECTOR PH	STAFF YSICIAN [		-20-87
	relio De	La P	a z	770	ADDRESS			900		

St. Catherine's Cem., Mc Conchie, Charles, Md.

Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

24. FUNERAL DIRECTOR

12-23-87

Arehart Funeral Home, Inc., La Plata,

Tertrude It is IN EXPORT RIGHT STATE OF WARRY CONTRACT COMME TO SELECT COMPANY OF THE PARTY OF lection day warming and a three street is oversone districted.

7 ~	0 6	12	FOR	DEPARTM	ENT OF HEALTH	AND MENTAL HYG	IENE	•
175	99   DE	23	SAAFE RULISTRAR	MEDICALE	XAMINER'S	ERTIFICATE OF	EATH REG NO	5 6 1 3
			CEASED NAME FIRST	MIDDLE	0	LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR
	% % % % F	(13)	E OR PRINT!	Van	2.	isson.	DEATH MATED	12 18 1,87 16100
	RECTOR. R FILES. HOURS STREET,	3 SE	4 RACE	S. DATE OF BIRTH		DER 1 YR. IF UNDER 24 H		MONTH DAT YEAR 124 HOUR
	DIRECTOR NO. ST. H. T. Z. H. OON SI		Mull	08 04 58	29 YRS.	15 DAYS HOURS MIN	PRONOUNCED DEAD	12 18 1,87 22:3
	SA -NA		RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNT	RY2 E	ED NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH
	NERA FOR		ashington, DC	LICA	MARRI		of Char	-100
	SH SE FU		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			USUAL OCCUPATION (TYPE	OF WORK 126 KIND OF BUSINESS
	と言るだめ	M	arshal Itall	Adams Rd. C			FOR MOST OF WORKING LIFE)	OR INDUSTRY Self-Emplo
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0.3	SHOPE	14.5	ATHER'S NAME	les listy	M TCae	15. MOTHER'S MAIDEN N	150x4 2	0616 Adams No.
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BALTIMORE, MD.	AN PAN PAN PAN PAN PAN PAN PAN PAN PAN P	14.	William H		SON AL SECURITY NO.	Lucille	Virginia	Vanlandingham
	FORM PER DE PAGES I A PONON ON	100	ES. NO. OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES				P.O.Box 4
NA.	JRS AFTER S. GIVE PA WITH FOR I. PAGES I DIVISION		No		74-0303	Patricia	Sisson, Brya	ns Rd., Md.
	3.8 ¥ F. ©		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per line for (a), (b),	and (c).)			BETWEEN ONSET AND DEATH
N S	IN 124 HO IN ITEM 1 ALONG SIT PERMI HYGIENE, MOVAL.			E CAUSE (a) SUIC		shot Wound	To Head	
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000	HOULD BE ED IND "PENDIN HEF MEDIC USED AS A FOF HEALTH, CREM.	CERTIFICATION						
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	E THI RWA RWA R PAC STA ), 21,	10		e of the remains described abov	e, held an Autop	sy . Inspection 2	Inquiry X and	d in my apinian
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	AA A		ACTUAL Com	27/1/20		DASSIS/ aut		DATE 12/18/87
	2 H S S H S	7	SIGNATURE	1111	M	D 7 1 2 3 1 3 1 Card	MEDICAL EXAMINER	SIGNED
	MED COUTE	1	EXAMINER'S NAME DAVI	O N. GINGYI	ct	5019 WG	we haven the	- Lufluta, MM
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH	23a.5	URIAL, CREMATION, REMOVAL 2		AME OF CEMETERY O	R CREMATORY 123	d LOCATION	
		230	SPEC#Y)	January 1974			CITY OR TOWN	COUNTY STATE
07 84 25M	0.	24 1	UNERAL DIRECTOR		inity Me	Sd DATE REG	Waldorf Ch	STRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))		rehart Funera	ADDRESS	7 - D1 - 1	143	1001	
	(+4 WID HE (D))	A	renart runera	I nome.inc	La Plata	- MC - I		

STATE OF MARYLAND

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Surjet 12-21-87 Trinity Now. Order, Smildorf Charles - and.

Dunk Turahart Fünser L Hemes, Mc., La Plate, Mt.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENI
TAST	120

S / REG. NO.	0	-1	7	
O. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
December 3	, 198	37	11:	50 M
AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HRS
1 76 YRS.	MONTHS:	DATS	HQURS	M IN,

FOR 1 - STATE C R PEGISTRAR		DEPARTM		ICATE OF DEATH	GIENE /	REG. NO.	5	5 1	9
POECEASED NAME FIRST		DDIE		AST	2a. DATE OF C	DEATH MC	ONTH D	AY YEAR	2b, HOUR
(TYPE OR PRINT) JULIA	PRESBY	STU	JRCE!	Y	Dec	ember	3,	1987	11:50
FEMALE	4 RACE WHITE		5. DATE (		911 76	ARS LAST BIRTHD	YRS.	FUNDER I YEAR	IF UNDER 24 HRS
70. BIRTHPLACE   STATE OF FOREIGN COUNTRY) New York	76 CITIZEN OF WI		WIDOWE		Char	les (			M
La Plata	410018	* Stage	PDRE CO	ach Road	120 USUAL OF HOME		ORKING LIFE)	INDUŞTRY	Home
		La Pla		134 INSIDE CITY LIMITS?		DDRESS / Z		Coac	20646 h Road
14 FATHER'S NAME FIRST Casper Pr	resby	LAST		15 MOTHER'S MAIDEN N FIRST Antoir		WIDDLE		Uni	cnown
160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16	66 SOCIAL SECU	RITY NO.	Ellen S.	Carrol	ADDRESS		er ,S	#13 ame as
Conditions, if ony, which gave rise to immediate couse Io1, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	AS A CONSEQUE AS A CONSEQUE LENER U NITRIBUTING TO D	NCE OF	Heart Failure  De Planners  NOT RELATED TO THE TER	RMINAL DISEASE	or condit	ION GIVE	N IN PART 14	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITI	ON FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOP	PSY?	Ob IF YES, N CERTIFY YES	_	NGS USED OF DEATH?
	AIH	MONTH DA	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATU	IRE OF INJURY I	N ITEM 18 PAR	RT 1 OR PART 2)	
THE STATE NOTIFIED THE CAUSE OF DE CONTRIBUTING CAUSE OF DECENTION OF CONTRIBUTING CAUSE OF DEC	21e PLACE OF	FINJURY T, FACTORY OFFICE, FA	ARM ETC )	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did n	1	.19		nd that in (my) (our) apinio	n death occurred	on the date			that (I) (we) lo couses stated
22b. SIGNATURE Q	Teular		M	DEGREE ATTENDING, PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N	12/c. DATE	SIGNED 4/87
22d PHYSICIAN'S NAME (TYPE) Michael A.		rwood	M.D.	22e ADDRESS	Waldo			land	

,M.D.

Waldorf, Maryland

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 12-07-87

23d LOCATION
CITY OR TOWN
Waldorf,

Charles, Md.

Burial 24 FUNERAL DIRECTOR

Trinity Mem. Grdns. W Arehart Funeral Home, Inc. La Plata, Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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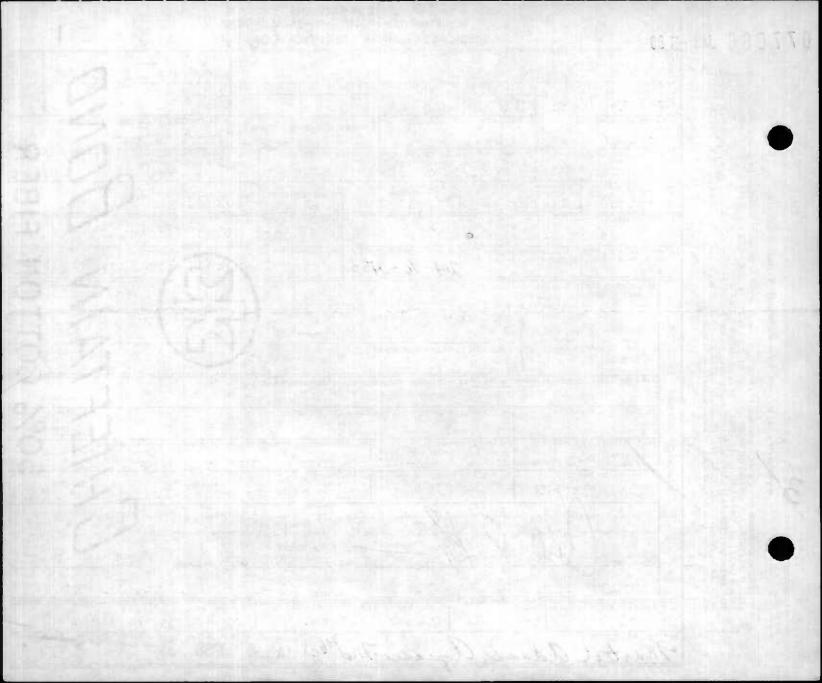
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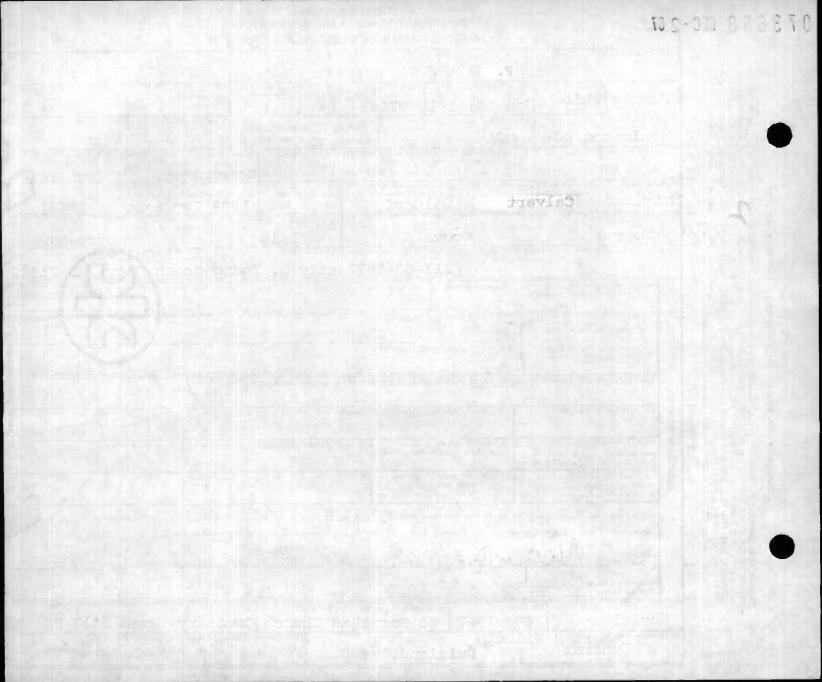
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR EASED NAME OF ESTI-2b HOUR (TYPE OR PRINT) 1981 Jann 10 DEATH MATED 6. AGE LIN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE OF BIRTH DATE MONTH LAST BIRTHDAY YEAR PRONOUNCED 25 62 YRS 25 DEAD BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE MARRIED NEVER MARRIED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE Convent COOK 136. INSIDE CITY LIMITS? 13e STREET ADDRESS FATHER'S NAME IS MOTHER'S MAIDEN NAME SARAL ANIGDIE FIRST 166. SOCIAL SECURITY NO 17 INFORMANT 68. WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) ALONG W CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCATE OF A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENDE, BALLMORE, MARYLAND, 21201 PRÍOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: SCUD IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 219 EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my apinion death resulted from: Suicide Hamicide L Undetermined manner Natural causes ccident ACTUAL DATE SIGNATURE SIGNED EXAMINER'S NAME (TYPE OR PRINT) 238 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION BP BY REGISTRAR 131 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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	SAR)		PLACE ISTATE OR		7b. CITIZEN OF WH					(TD)	100000000000000000000000000000000000000	ORE CITY O		Y OF DEATH	
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	Z D		OR TOWN OF DE	ATH	11, NAME OF HOS	PITAL NU								126 KIND OF	BUSINESS
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m)	FESTH PM		Jame	es A.	Thompso	n, S	r.	- 1	M	lary E	llen	Harr:	İS	6737	
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3	WII WII	18	CAUSE OF DEA	TH (Enter anl	y ane cause per line	far (a), (b	), and (c).)				LI PAIL	III de	177	APPROXIM-	ATE INTERVAL
N N	ERW BENE BENE BENE AL.		PART I DEATH V		E CAUSE (a) Mu	tipl	e Injur	ies		101 10	700	-0.4			
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTIMORE, M	EX (T	(AMINER'S NAME YPE OR PRINT)	Charl	es P. Kol	es,	M.D.		ADDRESS_11	1 Penn	St.,	Balto.	., Md.	2120	01
		23a. BURI	AL, CREMATION, urial		D. DATE 12/30/87	23c. 1	Mary	ETERY OF	Cath. (	h Br	OCATION YOR TOWN	าพท	Char	Ĭes,	M <sup>1</sup> D <sup>E</sup>
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MPORTANT: # hem 21

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(VRA 15, 4)

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page 3

STATE REGISTRAR I. DECEASED NAME LITYPE OR PRINTS

MALE

MARYLAND

LaPlata

14. FATHER'S NAME

ID. CITY OR TOWN OF DEATH

FRÄNK

To. BIRTHPLACE I STATE OR FOREIGN

3. SEX

Joseph 4. RACE

USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, G

168 WAS DECEASED EVER IN U.S. ARMED FORCES?

BLACK

76. CITIZEN OF WI

11. NAME OF HO

Physic

WHEELER

166. SOCIAL SECURITY NO

214-32-768

UNITED

I IF YES, GIVE WAR OR DATES!

STATE OF MARYLA	AND
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	DEPARTA		EALTH ANI	D MENTAL HYG	BIENE 7	REG. N	3 5	5	2	3	
DLE		L	AST		20. DATE O	FDEATH	MONTH	DAY	YE AR	26 HOL	JR .
	Wh	eele	r		Nove	nber	17.	198	7	1:2	OA M
		5. DATE C	F BIRTH		& AGE (IN			IF UNDE	RIYEAR	IF UNDER	24 HRS
		ocT"	190,	19"3"5	52		YRS	MQN1H5	DAYS	HOURS	MIN.
	OUNTRY?	8. MARRIE	NEVE	RMARRIED -	9. BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH		-
ST.	ATES	WIDOWE	D	DIVORCED	C1	narle	s				MD
				ospita]		OCCUPATI RK FOR MOST O NE			KIND O USTRY	F BUSINI	SS OR
	APLA		134 INSIDE	CITY LIMITS?	13e. STREET	ADDRESS Hicko	ory I	Lane	/ 2	064	6
			15. MOTHE	R'S MAIDEN NA	ME						

WHEELER

M.

P.O.

CITY OF TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OPCONDITION GIVEN IN PART I TO Cascuac CERTIFICATION 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d. INJURY OCCURRED 21s PLACE OF INJURY

MARY

17. INFORMANT

MARY

Girija Rath, MD

22a.t certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did) (did nat) view the bady after death

NOT WHILE

sow the deceased alive an

226. SIGNATURE

Upper Marlboro, Maryland

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 21, 1 NOV. Sacred Heart 24 FUNERAL DIRECTOR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STATE LAPLATA CHARLES MD. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

THORNTON FUNERAL HOME POMONKEY, MD.

DEGRÉE

ATTENDING

22c. DATE SJGNED

SMALLWOOD

2011

COUNTY

STATE

BOX

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

075588 DEC:		REGISTRAR	CERTIFICATE OF DEATH 8 / REG. NO. 5 5 2 4						
0100000000		CEASED NAME FIRST	WIDDLE	V. J. L9103	LAST	20 DATE OF DEATH M	ONTH DAY	YEAR 26 HOUR	
9 be		JAMES	ARTHUR	WILLIA	AMS	DECEMBER	14,198	7 9:04Pm	
The de	3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHI	DAY) IF UNDE		
s of contract of c		Male	White	12	14 1914	73	YRS	DAYS HOURS MIN.	
8 69		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUR	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		ATH	
1,1858		Maryland	U. S. A.	WIDOWI	DIVORCED	CHARLES		MD.	
2017		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		KIND OF BUSINESS OR	
5 0 500	I	A PAATA	PHYSICAINS	MEMOR:	IAL HOSPITA	Handicap		USIKI	
212 Jin be		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		13e STREET ADDRESS / 2			
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E LIXOX		THER'S NAME	MIDDLE LA		15 MOTHER'S MAIDEN N	AME			
AM MAN		Marcellus		lliams	Mattie	Mario	n	Penn	
m 32 3 3 7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES	Box 8	3	
OWI	, ,	YES NO OR UNKNOWN) (IF YES, GIV	ZE WAR OR DATES	74-6135	Edna M. He	oover, Newb	urg, Md.	20664	
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the the remover true true true true true true true tr	7.	gave rise to immediate cause (a), stating the	DUE TO, OR AS A DON		3				
that that d by eose ol, cr		underlying couse last.	(c) 7 /	numen					
S, 20	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN F	ART 1 a	
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Iow requires been so been seemit. The prior to	CERTIFICATION	190 DATE OF OPERATION	18 CONDITION FOR W	VHICH GPERATIO	N WAN PERFORMED	200 AUTOPSY?	206. IF YES, WERE INCERTIFYING C	FINDINGS USED AUSES OF DEATH?	
AI A	RTIF					YES NO	YES 🗌	NO [	
AN: ohysis ohysi		21a ACCIDENT WAS UNDERLYING CAUSE OF DE		H DAY YEAR	71c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	PART 2)	
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DIVISION OF VIT	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM ETC )	711 LOCATION STREET	CITY OR TOWN	4 (0)	INTY STATE	
DIV RNG Parter os t Ith o		AT WORK AT WORK							
DR. John St.		220.1 certify that (1) this haspi	tal) attended the deceased		. 19	, 10 12-14			
ATTI Ospirt d for d for m 21		suw the Veceused different	view the body after death.	17	na that the my (aut) apinia	n death occurred an the dote	e and hour and ti	om the causes stated	
			The time and a contract decimal		250255		Lan	DATE CACALED	
OR DER		276. SIGNATURE	LBO		DEGREE	AEDICALSTAFF	Per 7 1 1 2	DATE SIGNED	
4 1 9 1 H		226. SIGNATURE	1 & Buch	e rus	ATTENDING PHYSICIAN	MEDICAL STAFF	Per 7 1 1 2	DATE SIGNED	
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SPITAL 4 by the NERAL 1 be deto be deto e Stote I TANT. If	22	276 SIGNATURE  274 PHYSICIAN'S NAME (TYPE OF THE NRY L, BT	1 & Buh DRKE, M.D.	e Ms	ATTENDING PHYSICIAN  220 ADDRESS  LA PLATA	MARYLAND	Per 7 1 1 2		
HOSPITAL unded by the FUNERAL Unid be deto he the Store I hospital ORTANT. If		276. SIGNATURE	1 & Buh DRKE, M.D.	23c NAME OF C	ATTENDING PHYSICIAN  220 ADDRESS  LA PLATA  EMETERY OR CREMATORY	MARYLAND	20646	12:14-87	

DHMH - 16 60M 7/84 (VRA 15, 4)

Arehart Funeral Home Inc. La Plata Md

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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